

Name
in
Full

Florence L Baker

CERTIFICATE OF DEATH

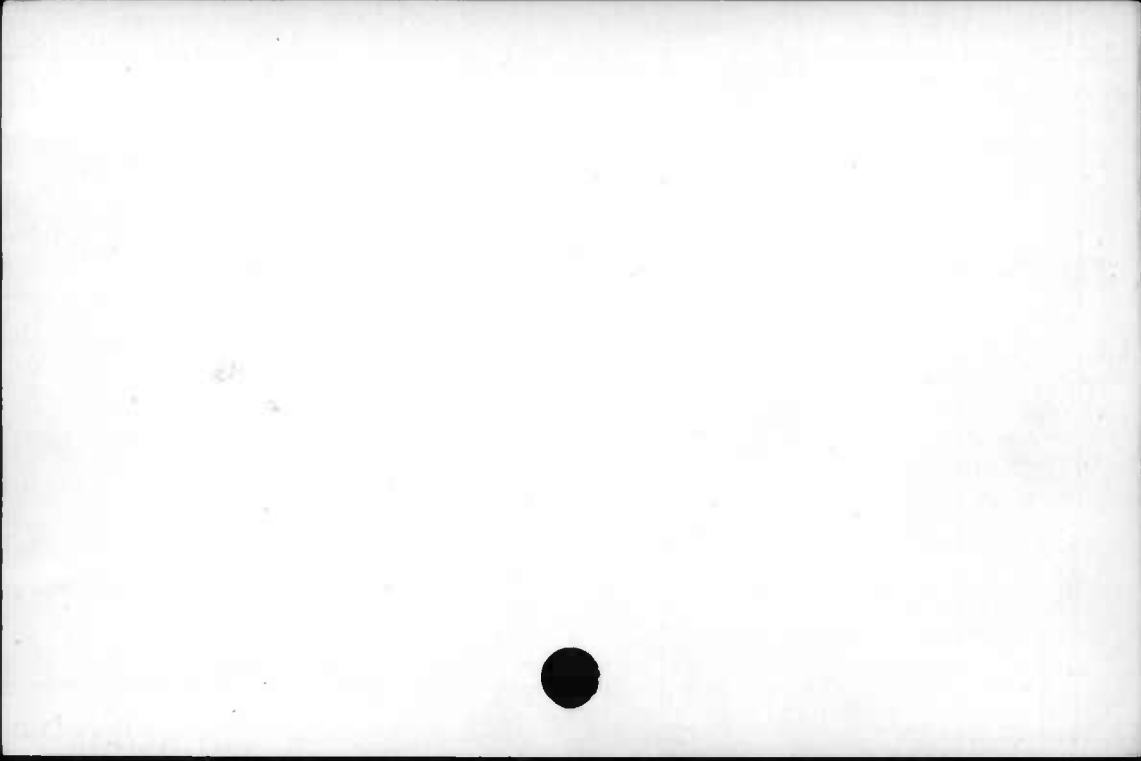
TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Hebron</u> Town		<u>Wicomico</u> County		MARYLAND	
Date of death <u>1906</u>	Month <u>7</u>	Day <u>2</u>	Age Years	Months <u>4</u>	Days <u>8</u>
Sex <u>Female</u>	Color or Race <u>White</u>		Birth-place <u>Md</u>		
Occupation			Where Residing if not at place of death		
Married, Single or Widowed <u>Single</u>		Name of Wife or Husband			
Father's Name <u>David Baker</u>			Father's Birthplace <u>Pa</u>		
Mother's Maiden Name <u>Rosa Sewell</u>			Mother's Birthplace <u>Md</u>		
Name of person giving information <u>David Baker</u>			How related to deceased <u>Father</u>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<u>105</u>	How long
Immediate <u>Colera infantum</u>		How long
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>		Signature of Physician <u>J. L. English</u>
<u>Coroner</u>		Address <u>Mahdela apts</u>
Accident or Suicide?		



Name
in
Full

Carl E. Bennett

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Helson Town Wicomico County MARYLAND

Date of death 1906 Month 7 Day 2 Age 9 Years 29 Months 9 Days 29

Sex Male Color or Race White Birth-place md

Occupation none Where Residing if not at place of death _____

Married, Single or Widowed Single Name of Wife or Husband _____

Father's Name Wiley Bennett Father's Birthplace md

Mother's Maiden Name Flopa Swell Mother's Birthplace md

Name of person giving information G. P. Swell How related to deceased niece

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary Colerym infantum How long 2 week

Immediate Hemorrhage How long 3 hrs

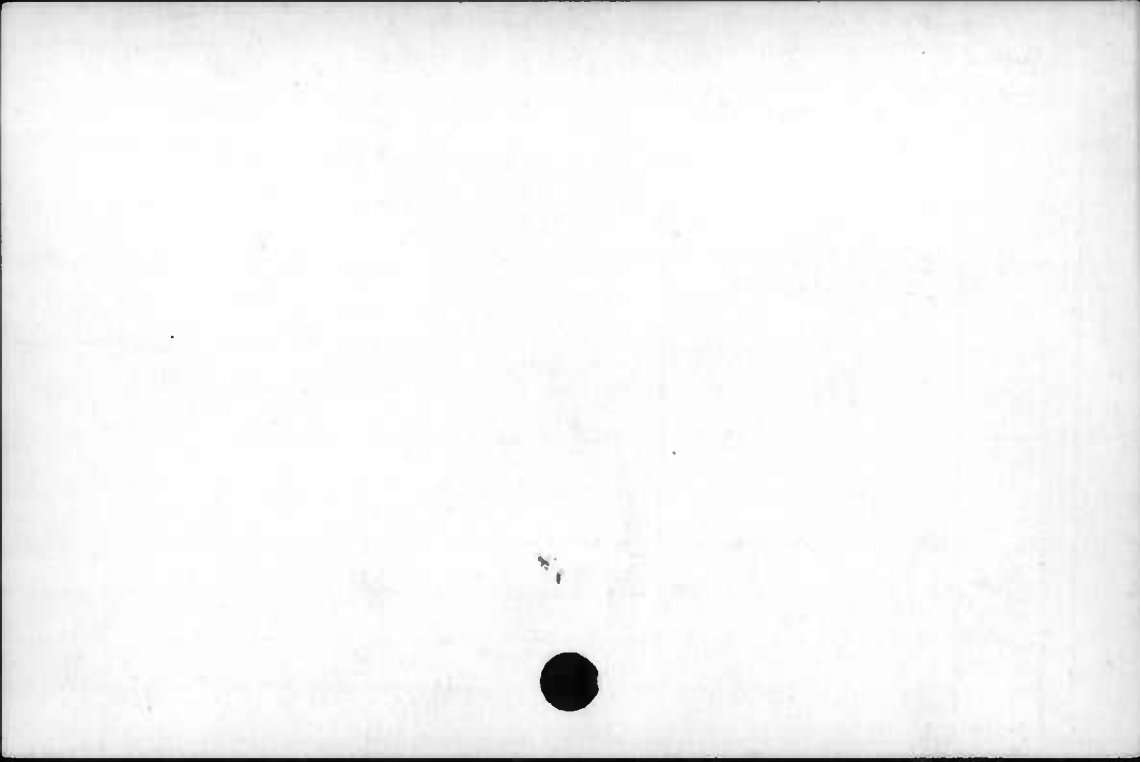
Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician J. L. English

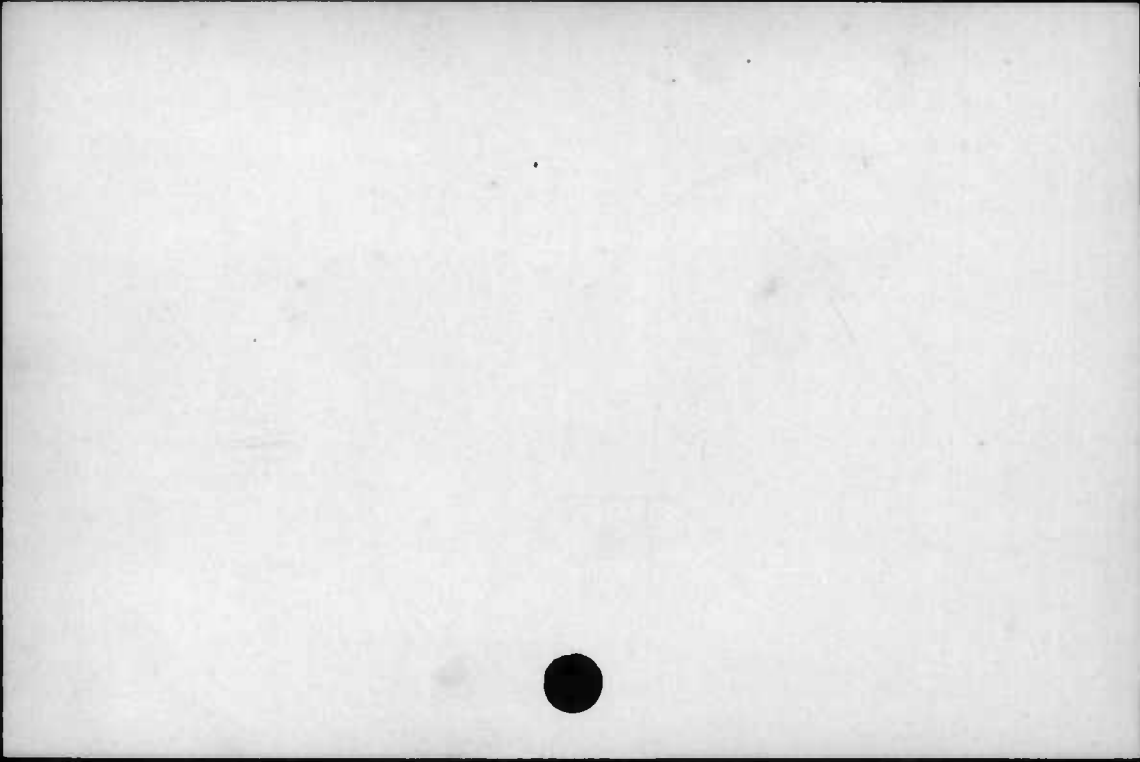
Address M. E. Spriggs

Coroner md

Accident or Suicide? _____



Name in Full		Elizabeth J. B. Baunhardt				CERTIFICATE OF DEATH	
		Town		County		MARYLAND	
Died at		Mardela Springs		Wicomico			
Date of death		190	Month	Day	Age	Years	Months
		1	July	28	77	6	9
Sex		Female		Color or Race		White	
Occupation				Where Residing if not at place of death		Wicomico	
Married, Single or Widowed		Widow		Name of Wife or Husband		Mrs. J. B. Baunhardt	
Father's Name		Levin Lowe		Father's Birthplace		Md	
Mother's Maiden Name		Matilda Lowe		Mother's Birthplace		"	
Name of person giving information		Geo. Baunhardt		How related to deceased		Son	
CAUSES OF DEATH							
Primary		Fracture of Femur				How long	
						6 Months	
Immediate		Gastritis & Enteritis & Debility				How long	
						2 weeks	
Are the name, age, sex, color, date and place correctly given above?		Yes		Signature of Physician		Jno. M. Eldredge	
				Address		Mardela Springs Md	
Accident or							



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

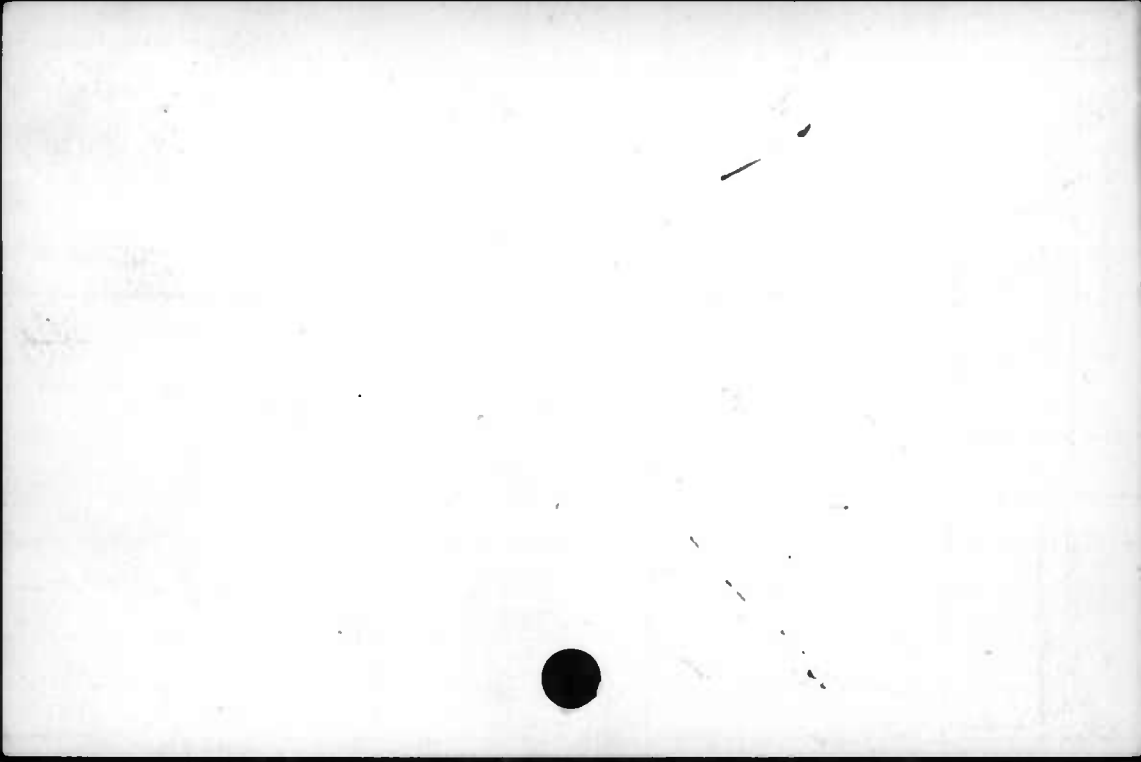
Died at <i>Silva</i>		Town <i>Steele</i>		County		MARYLAND	
Date of death <i>1906</i>	Month <i>7</i>	Day <i>21</i>	Age <i>43</i>	Years	Months	Days	
Sex <i>male</i>	Color or Race <i>white</i>		Birthplace <i>Mid Co Md</i>				
Occupation <i>Farming</i>			Where Residing if not at place of death				
Married, single or widowed		Name of Wife or Husband <i>Annie B Goslee</i>					
Father's Name <i>Archie Cartmell</i>		Father's Birthplace <i>Mid Co Md</i>					
Mother's Maiden Name <i>Dolly Gayfield</i>		Mother's Birthplace <i>Md</i>					
Name of person giving information <i>John Perry Waller</i>		How related to deceased <i>Brother in Law</i>					

CAUSES OF DEATH

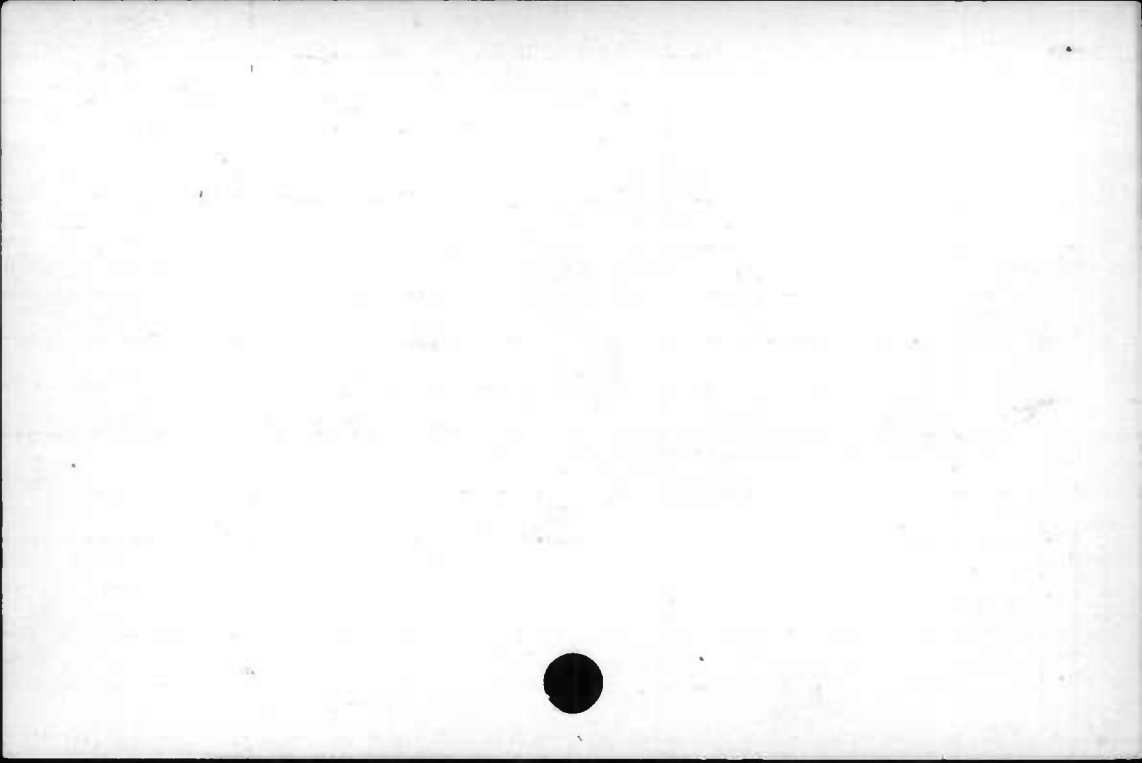
27

PHYSICIAN
OR CORONER

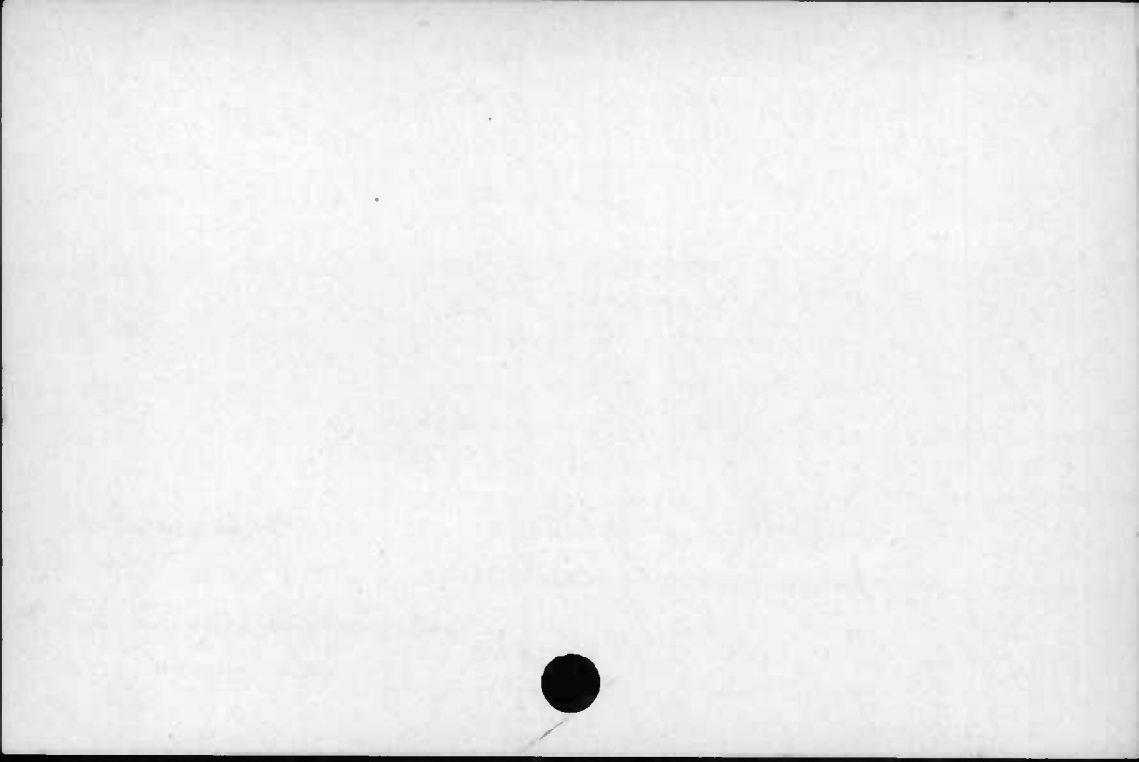
Primary	<i>Pulmonary Consumption</i>	How long	<i>years</i>
Immediate	<i>(27)</i>	How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>J. B. Long</i>	
		Address <i>allied Md</i>	
Accident or Suicide? <input checked="" type="checkbox"/>			



Name in Full		Wilbert P. Dennis				CERTIFICATE OF DEATH		
TO BE ANSWERED BY NEAREST FRIEND	Died at	Hebron		County		MARYLAND		
	Date of death	1906	Month	July	Day	11	Age	0
	Sex	Male		Color or Race	White		Birth-place	Hebron
	Occupation	~~~~~			Where Residing if not at place of death			~~~~~
	Married, Single or Widowed	Single		Name of Wife or Husband				~~~~~
	Father's Name	Algie J. Dennis				Father's Birthplace	Maryland	
	Mother's Maiden Name	Amanda E. Twiford				Mother's Birthplace	"	
Name of person giving information	Amanda E. Dennis				How related to deceased	Mother		
CAUSES OF DEATH								
PHYSICIAN OR CORONER	Primary					How long		
	Immediate	Cholera Infantum				How long	3 weeks	
	Are the name, age, sex, color, date and place correctly given above?		Yes		Signature of Physician	H. C. Comarway		
					Address	Hebron Md		
	Accident or Suicide?							



Name in Full		Elmer H. Stillman Gunby				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at <i>Near Salisbury</i>		Town <i>Salisbury</i>		County <i>Wicomico</i>		MARYLAND
	Date of death	1906	Month	July	Day	16	Age 2
	Sex <i>Male</i>		Color or Race <i>Negro</i>		Birth-place <i>Wicomico Co. Md.</i>		Months 11 Days 22
	Occupation <i>_____</i>		Where Residing if not at place of death <i>_____</i>				
	Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>_____</i>				
	Father's Name <i>Frederick Gunby</i>		Father's Birthplace <i>Md.</i>				
	Mother's Maiden Name <i>Ella Collier</i>		Mother's Birthplace <i>"</i>				
Name of person giving information <i>Frederick Gunby</i>		How related to deceased <i>Father</i>					
CAUSES OF DEATH							
PHYSICIAN OR CORONER	Primary <i>Typhoid Fever</i>		①		How long <i>2 weeks</i>		
	Immediate <i>Toxemia -</i>				How long		
	Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>Louis W. Neomis M.D.</i>		Address <i>_____</i>		
	Accident or Suicide?		Address <i>_____</i>				



Name
in
Full

Emma Frances Hambury

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Salisbury ^{Town} Shenandoah ^{County}
 Date of death 1906 ^{Month} July ^{Day} 14 ^{Years} 2 ^{Months} 9 ^{Days} 0
 Sex Female Color or Race white Birth-place Salisbury
 Occupation _____ Where Residing If not at place of death Salisbury
 Married, Single or Widowed _____ Name of Wife or Husband _____

Father's Name Granville Hambury Father's Birthplace Hetickquin
 Mother's Maiden Name Bora Fooks Mother's Birthplace Salisbury
 Name of person giving information Mrs Emma Fooks How related to deceased Grand mother

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary Acute Enteric - Colitis 106 How long 5 or 6 weeks

Immediate Purpura Hemorrhagica & Concomitant How long 1 week

Are the name, age, sex, color, date and place correctly given above? Yes

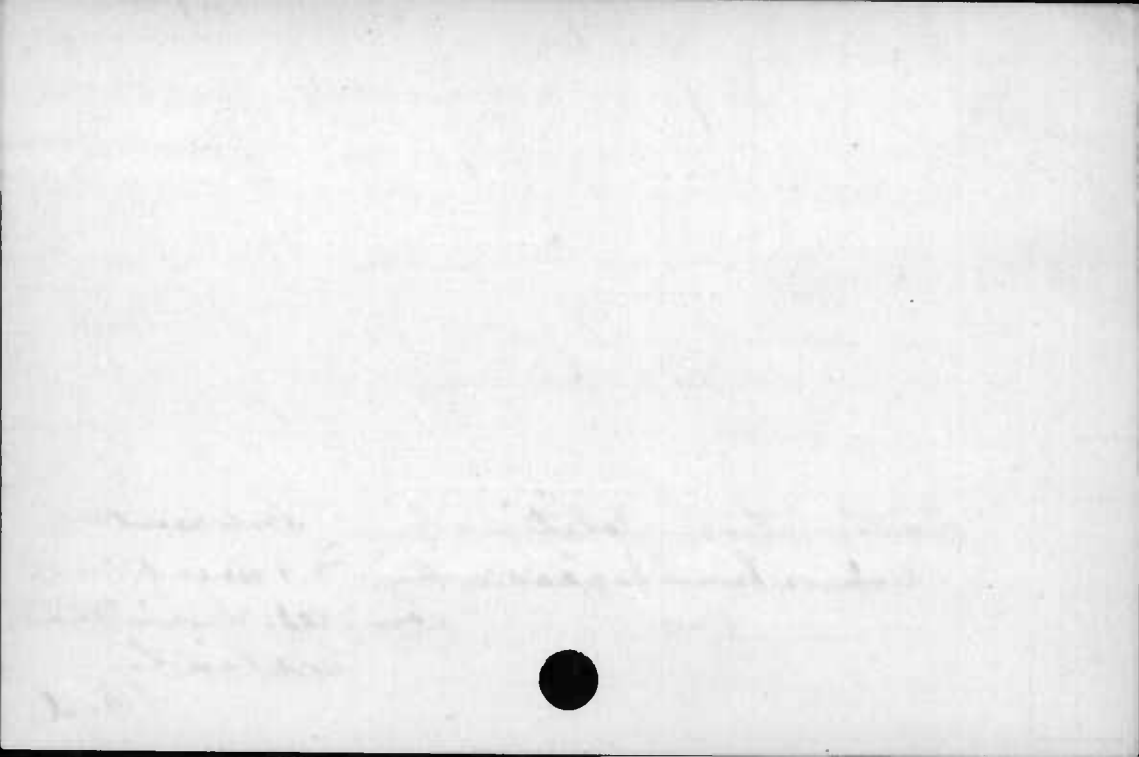
Signature of Physician

Address

Louis W. Eason M.D.

Salisbury
Md

Accident or Suicide?



Name
in
Full

Flossie M. Holliday

CERTIFICATE OF DEATH

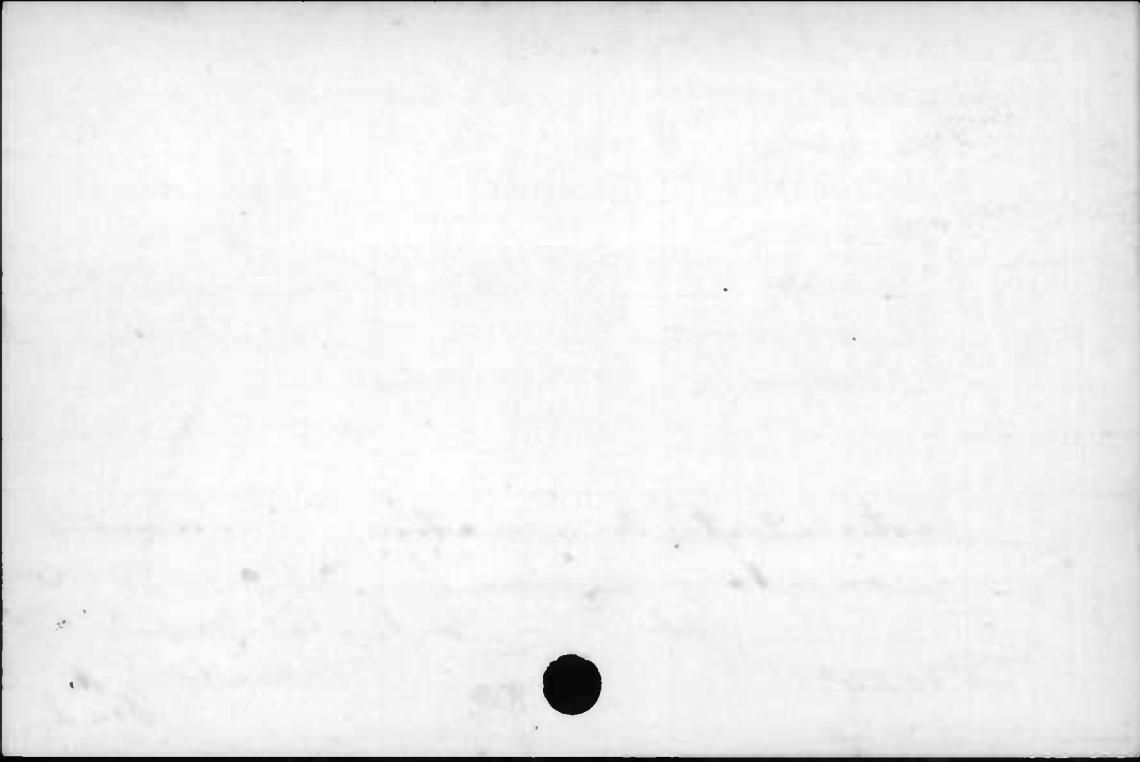
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Salisbury		County Wicomico		MARYLAND	
Date of death	1906	Month July	Day 15 th	Age Years	0	Months	10
Sex	Female		Color or Race	White		Birth- place	Salisbury Md.
Occupation				Where Residing if not at place of death			
Married , Single or Widowed Single				Name of Wife or Husband			
Father's Name				Father's Birthplace			
Mother's Maiden Name				Mother's Birthplace			
Name of person giving in formation				How related to deceased			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Dysentery - intestinal infection	How long	3 or 4 weeks
Immediate	Concussion, Meningitis	How long	2 days 3 or 4
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
yes		Address	
Accident or Suicide?		Pulaski Md	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Loudy L. Howard

MARYLAND

Died at *Near Mandela*County *Wicomico*Date of death *1906 July 6*

Day

Age

Years

Months

Days

Sex *Male*Color or
Race*white*Birth-
place*Md*

Occupation

*Farmer*Where Residing if not
at place of death*Md*Married, Single
or Widowed*Married*Name of Wife or
Husband*Ida, Howard*Father's
Name*Brachamp, Howard*Father's
Birthplace*Md*Mother's
Maiden Name*Mahaley, Howard*Mother's
Birthplace*Md*Name of person giving
In formationHow related
to deceased*— — —*

CAUSES OF DEATH

Primary

Consumption

How long

6 Months

Immediate

Are the name, age, sex, color, date
and place correctly given above?*Yes*Signature of
Physician

Address

*C. L. English**Mandell Spg R*

Accident or Suicide?

PHYSICIAN
OR CORONER



Name
in
Full

Robert M. Kelly

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at ^{near} <i>Nassauonga</i> Town		County <i>Wicomico</i>		MARYLAND	
Date of death <i>1906</i>	Month <i>July</i>	Day <i>7</i>	Age <i>0</i>	Years <i>0</i>	Months <i>9</i>
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Wicomico Co. Md.</i>		
Occupation <i>~~~~~</i>			Where Residing if not at place of death <i>~~~~~</i>		
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>~~~~~</i>			
Father's Name <i>Edward M. Kelly</i>			Father's Birthplace <i>Wicomico Co. Md.</i>		
Mother's Maiden Name <i>Jennie B. Matthews</i>			Mother's Birthplace <i>" " "</i>		
Name of person giving information <i>Edward M. Kelly</i>			How related to deceased <i>Father</i>		

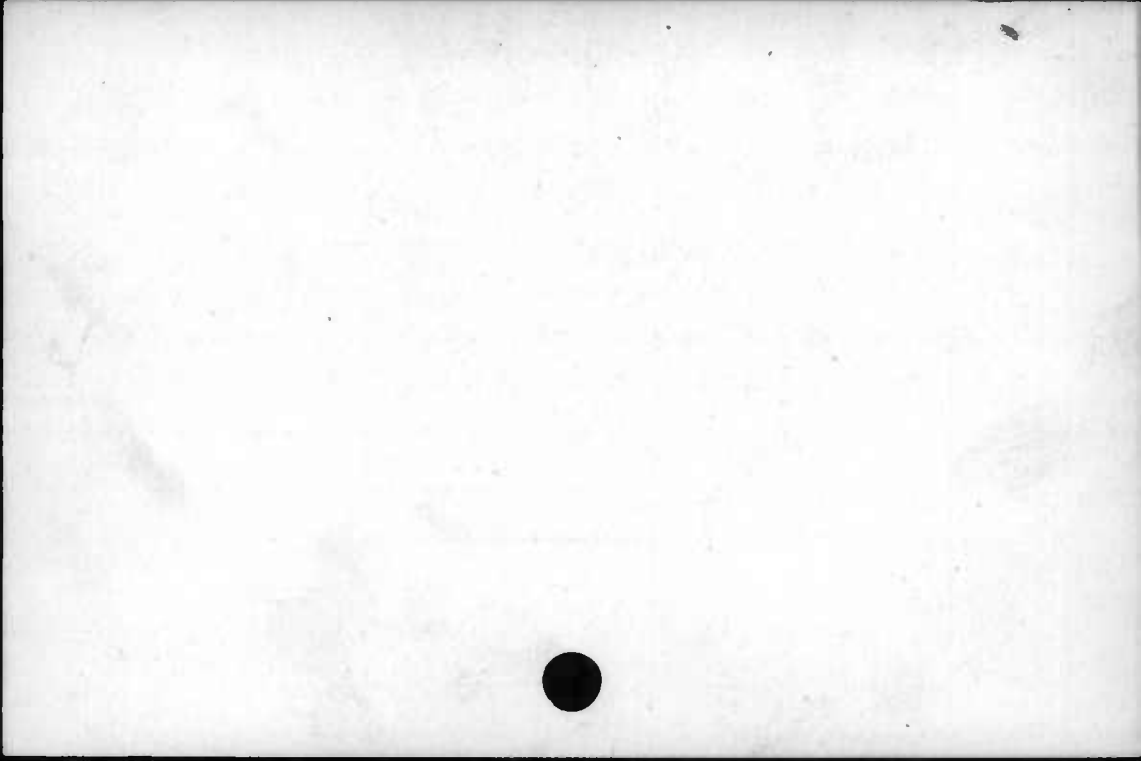
CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Malnutrition</i>	How long <i>several months</i>
Immediate <i>Gastro-intestinal infection & Trauma</i>	How long <i>2 or 3 weeks</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes.</i>	Signature of Physician <i>Louis Williams M.D.</i>
	Address <i>Delmar Md.</i>
Accident or Suicide? <i>~~~~~</i>	



Name in Full		Charlie E. Kennedy				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at		Town		County		MARYLAND
	Mardela Springs, Maryland						
	Date of death	1906	Month	7	Day	13	Age
			Years		1		Months
					2		Days
					6		
	Sex	Male		Color or Race	white		Birthplace
Occupation					Where Residing if not at place of death		
Married, Single or Widowed		Name of Wife or Husband					
Father's Name	Garrett Kennedy					Father's Birthplace	Ind
Mother's Maiden Name	Daisy Gillis					Mother's Birthplace	Ind
Name of person giving information						How related to deceased	Mother
CAUSES OF DEATH							
PHYSICIAN OR CORONER	Primary	Dysentery				How long	3 weeks
	Immediate	Heart failure				How long	15 min
	Are the name, age, sex, color, date and place correctly given above?					Signature of Physician	Louis N. Wilson
	Address					Mardela Springs, Maryland	
	Accident or Suicide?						



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Salisbury</i> Town		County <i>Wicomico</i>		MARYLAND	
Date of death <i>1906</i>	Month <i>July</i>	Day <i>19</i>	Age <i>39</i>	Years	Months
Sex <i>male</i>	Color or Race <i>Black</i>		Birth-place <i> Md</i>		
Occupation <i>Laborer</i>			Where Residing if not at place of death		
Married, Single or Widowed <i>Divorce</i>		Name of Wife or Husband <i>Rebecca Leonard</i>			
Father's Name <i>George W Leonard of Co</i>			Father's Birthplace <i>Md</i>		
Mother's Maiden Name <i>Margaret A Catell</i>			Mother's Birthplace <i>Md</i>		
Name of person giving information <i>George W Leonard of Co</i>			How related to deceased <i>Father</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Tuberculosis Pulmonary</i>	How long <i>A few months</i>
Immediate <i>Acute gastric distention of abdomen causing pneumonia upon head & causing exhaustion</i>	How long <i>24 hours</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>C. M. Humphreys</i>
	Address <i>Salisbury Md</i>
Accident or Suicide? <i>No</i>	



Name
in
Full

Minus S. Littleton

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIENDDied at ^{Town} Near Charity ^{County} Accomco

MARYLAND

Date of death 1906 ^{Month} July ^{Day} 22 ^{Years} Age 67 ^{Months} ^{Days}Sex Male ^{Color or Race} White ^{Birth-place} Pittersville Md.Occupation Farmer ^{Where Residing if not at place of death}Married, Single or Widowed Married ^{Name of Wife or Husband} Elizabeth LittletonFather's Name Phos. Littleton ^{Father's Birthplace} Md.Mother's Maiden Name Don't know ^{Mother's Birthplace} Md.Name of person giving information Elijah B. Littleton ^{How related to deceased} Son

CAUSES OF DEATH

PHYSICIAN
OR CORONERPrimary Dropsy ^{How long} 4 monthsImmediate Heart-failure ^{How long}

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Accident or Suicide?



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date of death		Month	Day	Age	Years	Months	Days
1906		July	13	73		11	12
Sex	Female	Color or Race	White	Birth-place	Sharptown		
Occupation	Housewife		Where Residing if not at place of death				
Married, Single or Widowed	Single		Name of Wife or Husband				
Father's Name	Robert Twilley					Father's Birthplace	Delaware
Mother's Maiden Name	Nancy Walker					Mother's Birthplace	"
Name of person giving information	Sallie Black.					How related to deceased	Daughter

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Acute Bright's	How long	6 weeks
Immediate	Uraemic Coma	How long	3 days
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	W. N. Gassaway
		Address	Sharptown, Md.
Accident or Suicide?			



Name
in
Full

Dora V. Mills

CERTIFICATE OF DEATH

Town

Kaylor

County

Wicomico

MARYLAND

Died at

Date

1906

Month

July

Day

3rd

Age

Years

1

Months

0

Days

25

Sex

Female

Color or
Race

White

Birth-
place

Maryland

Occupation

Where Residing if not
at place of deathMarried, Single
or Widowed

Single

Name of Wife or
HusbandFather's
Name

Henry W. Mills

Father's
Birthplace

Maryland

Mother's
Maiden Name

Shanara E. G. Nichols

Mother's
Birthplace

11

Name of person giving
information

Henry W. Mills

How related
to deceased

Father

CAUSES OF DEATH

Primary

Cholera infantum

How long

3 days

Immediate

Exhaustion

How long

few hours

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

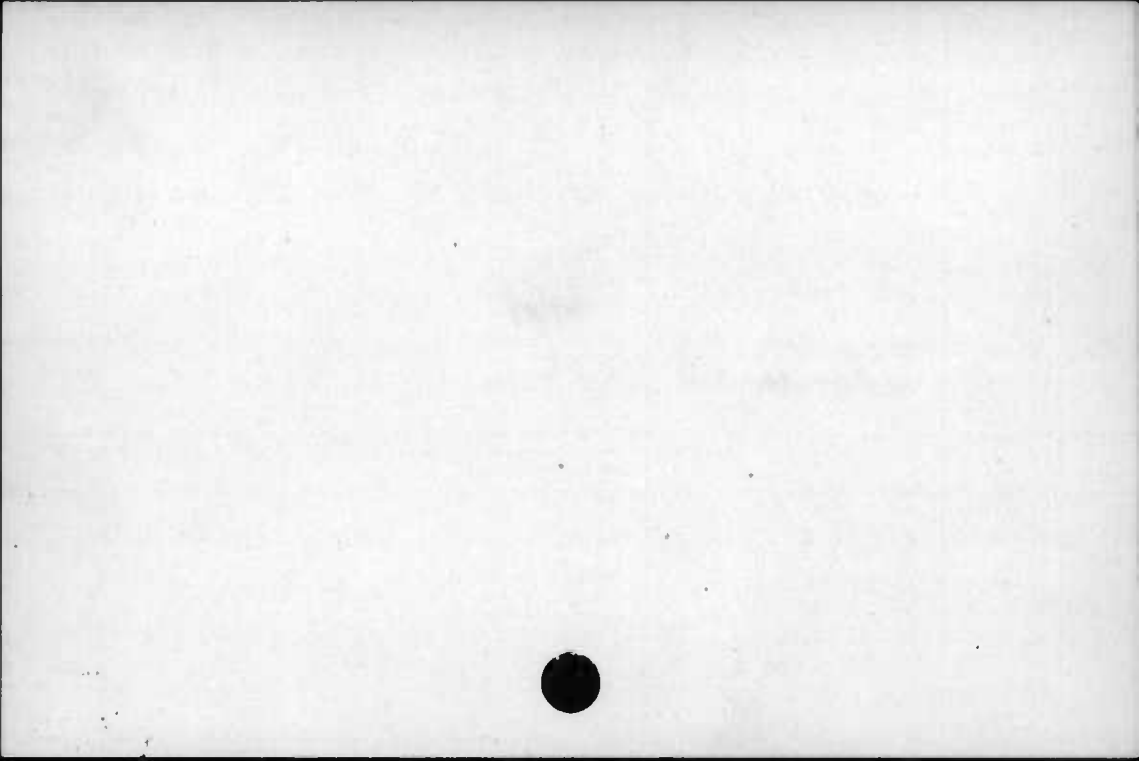
Address

J. A. Andrews
Salisbury, Md

Accident or Suicide?

no

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
In
Full

CERTIFICATE OF DEATH

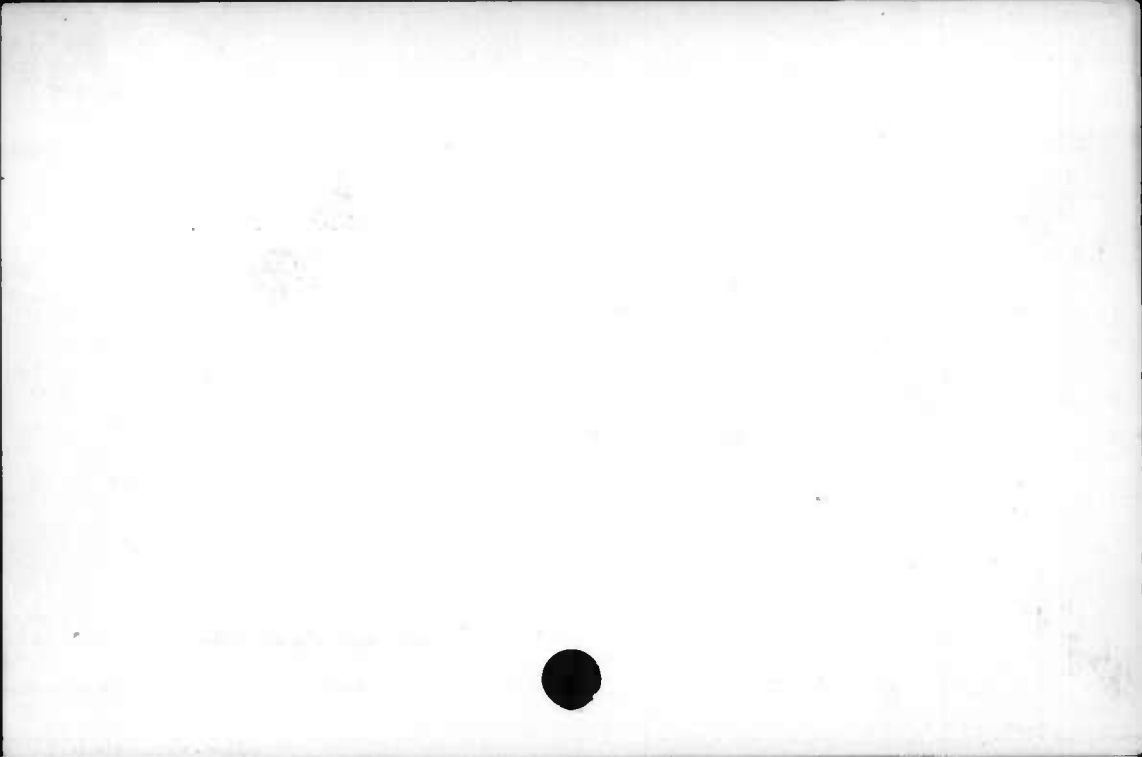
TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Fruitland</u> ^{Town}		County <u>Stee</u>		MARYLAND	
Date of death <u>1906</u>	Month <u>7</u>	Day <u>9</u>	Years <u>38</u>	Months	Days
Sex <u>Female</u>	Color or Race <u>White</u>		Birth-place <u>Fruitland</u>		
Occupation <u>Housekeeping</u>		Where Residing if not at place of death			
Married, <u>Single</u> or <u>Widowed</u>	Name of Wife Husband <u>Jos W. Morris</u>				
Father's Name <u>Watson</u>	Father's Birthplace <u>Maryland</u>				
Mother's Maiden Name			Mother's Birthplace		
Name of person giving information <u>Thos C. Morris</u>			How related to deceased <u>brother</u>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	How long
Immediate <u>Heart trouble</u>	How long
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>	Signature of Physician <u>J. B. Long</u>
	Address <u>Call...</u>
Accident or Suicide?	



Name
in
Full

CERTIFICATE OF DEATH

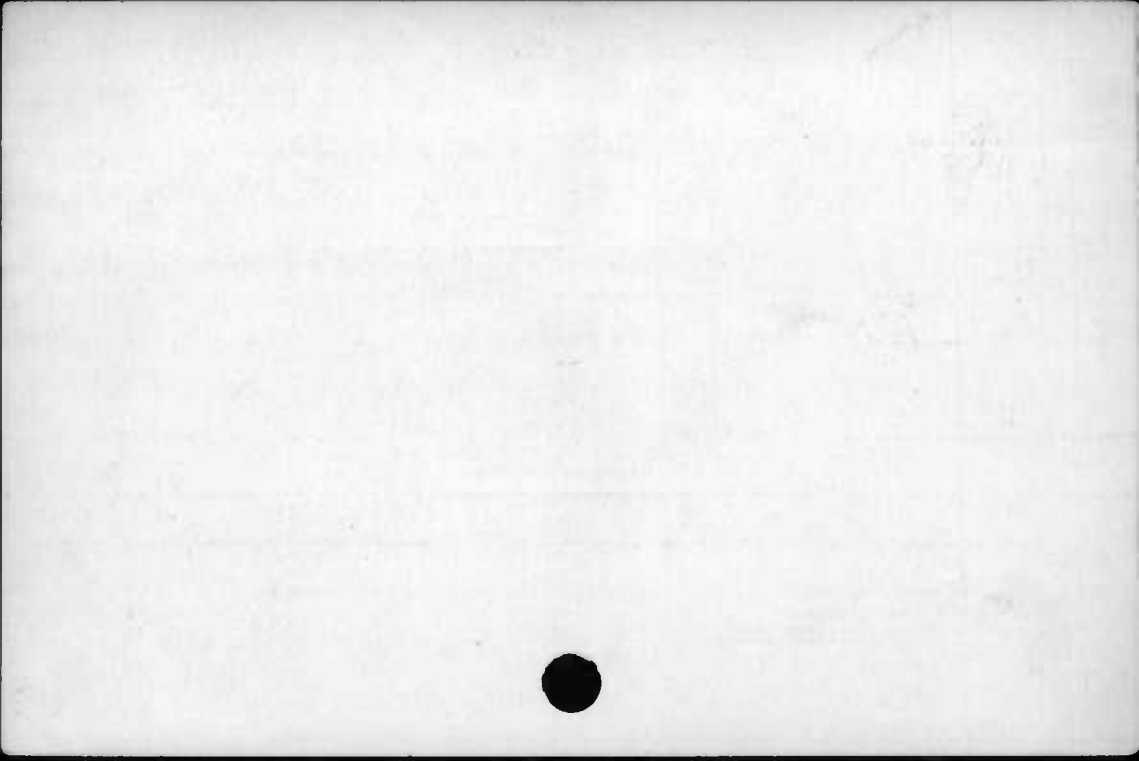
TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>Manda Morris</i>		Town <i>Salisbury</i>		County <i>Wicomico</i>		MARYLAND	
Died at		Month <i>July</i>		Day <i>19</i>		Age <i>27</i>	
Date of death <i>1906</i>		Years <i>27</i>		Months		Days	
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Wicomico</i>			
Occupation		Where Residing if not at place of death					
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband					
Father's Name <i>John W. Morris</i>		Father's Birthplace <i>Wicomico</i>					
Mother's Maiden Name <i>Catherine Watson</i>		Mother's Birthplace <i>"</i>					
Name of person giving information <i>Sidney T. Morris</i>		How related to deceased <i>Brother</i>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Typhoid fever</i>	How long <i>2 weeks</i>
Immediate <i>Septicemia</i>	How long <i>2 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>M. C. Davis</i>
	Address <i>Salisbury, Md.</i>
Accident or Suicide? <i>No</i>	



Name
in
Full

Maggie G. Murphy

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town	County		MARYLAND	
Salisbury P.G. Hospital			Wicomico			
Date of death	1906	Month	July	Day	5 th	Age
		Years		27	Months	9
Sex		Female		Color or Race	White	
Occupation		Housekeeping		Birth-place	Maryland	
Where Residing If not at place of death						
Married, Single or Widowed	Married		Name of Wife or Husband			
Ezekiel Murphy						
Father's Name	Wm G. Bradley		Father's Birthplace		Maryland	
Mother's Maiden Name	Margaret Covington		Mother's Birthplace		"	
Name of person giving information	Ezekiel Murphy		How related to deceased		Husband	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Perforated ulcers following mild infection	How long	1 month!?
Immediate	Septic exhaustion	How long	few days
Are the name, age, sex, color, date and place correctly given above?		yes	
Signature of Physician		J. J. J. J.	
Address		Salisbury Md	
Accident or Suicide?		no	



Name
in
Full

Alexander Harrison Murrell

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

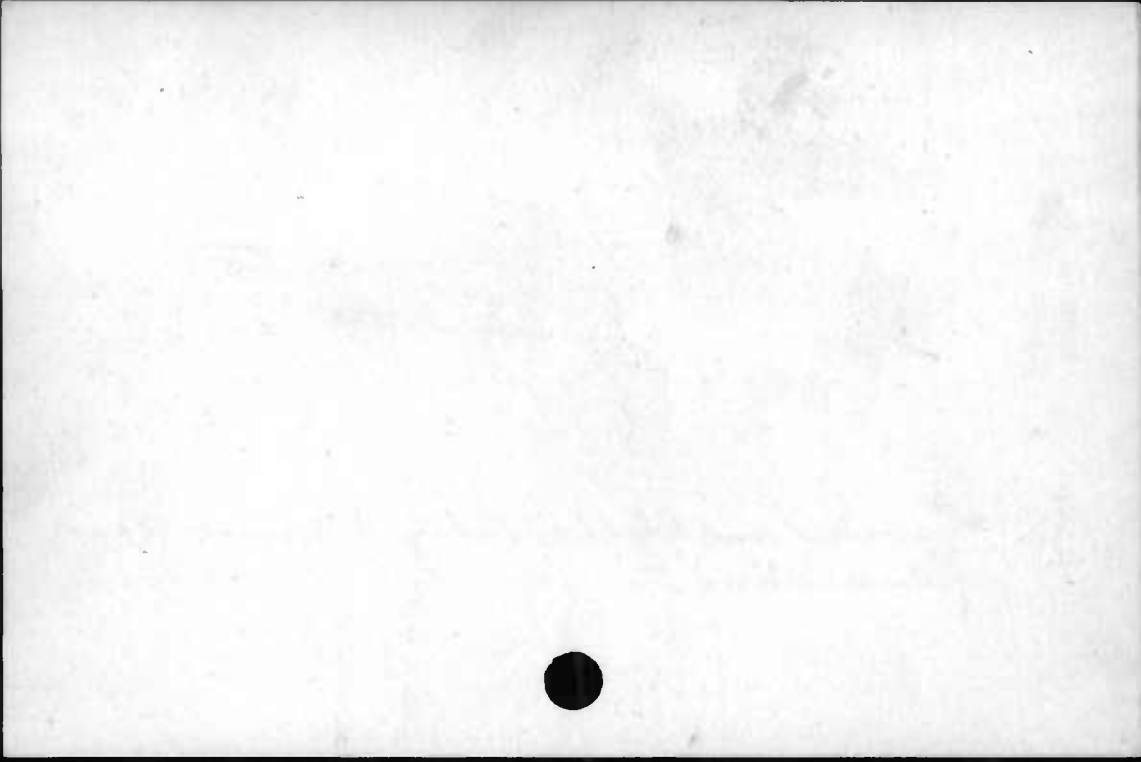
Died at		Salisbury		Town		Wicomico		County		MARYLAND	
Date of death		1906		July		29		Age		42	
Sex		Male		Color or Race		White		Birth-place		Allen Md.	
Occupation		Mail Carrier (Rural)		Where Residing if not at place of death							
Married, Single or Widowed		Married		Name of Wife or Husband		Janette S. Murrell					
Father's Name		Alexander R. Murrell		Father's Birthplace		Allen Md.					
Mother's Maiden Name		Sallie A. S. Price		Mother's Birthplace		Allen Md.					
Name of person giving information		John M. Murrell		How related to deceased		Brother					

CAUSES OF DEATH

33

PHYSICIAN
OR CORONER

Primary	Tuberculosis (Bladder & Kidneys)	How long	Several years
Immediate	General Emaciation (Collapse)	How long	3 or 4 weeks
Are the name, age, sex, color, date and place correctly given above?		yes	
Signature of Physician		Louis W. Harris M.D.	
Address		Salisbury Md.	
Accident or Suicide?			



Name
In
Full

Montrose Nickerson

CERTIFICATE OF DEATH

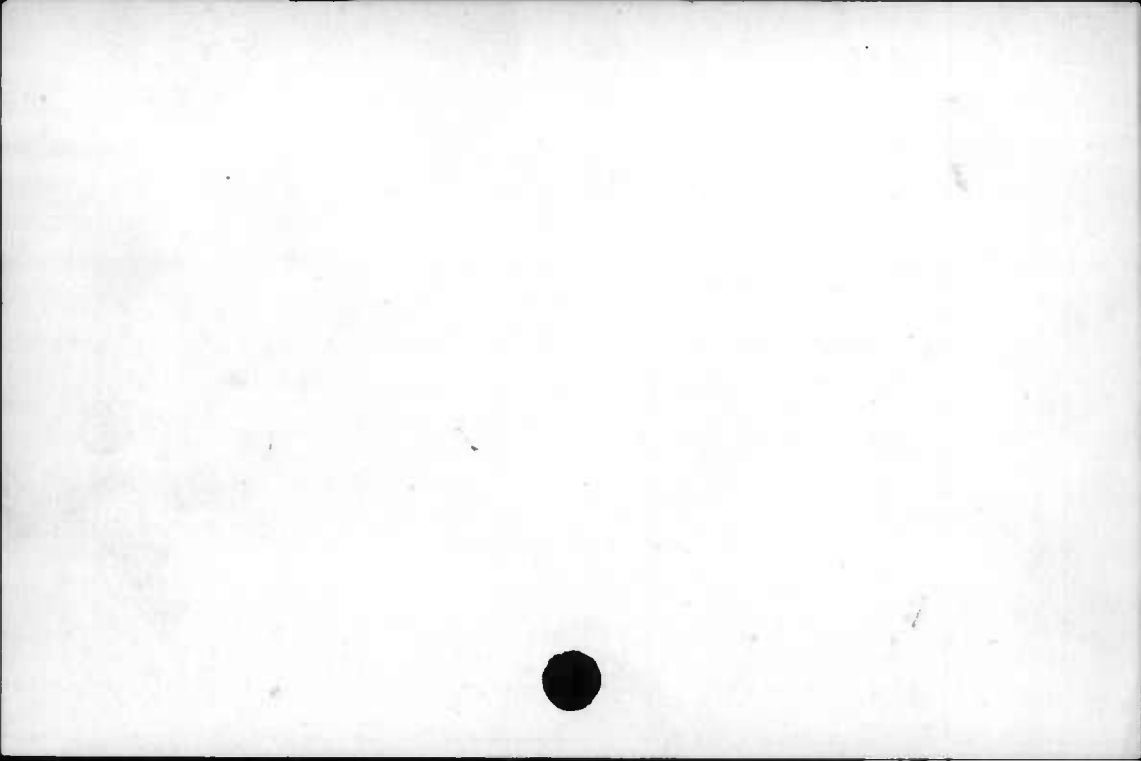
TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Salisbury</u> <small>Town</small>		<u>Wicomico</u> <small>County</small>		MARYLAND	
Date of death <u>1906</u> <small>Month</small> <u>July</u> <small>Day</small> <u>31</u>	Age <u>11</u> <small>Years</small>		Months <u>11</u>		Days <u>26</u>
Sex <u>Female</u>	Color or Race <u>White</u>	Birth-place <u>Id</u>			
Occupation		Where Residing if not at place of death			
Married, Single or Widowed		Name of Wife or Husband			
Father's Name <u>George E Nickerson</u>		Father's Birthplace <u>Id</u>			
Mother's Maiden Name <u>Annie Andrews</u>		Mother's Birthplace <u>Id</u>			
Name of person giving information <u>George E Nickerson</u>		How related to deceased <u>Father</u>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <u>Injury by Fall</u>	How long <u>Few Hours</u>
Immediate <u>Internal Hemorrhage</u>	How long <u>24 hrs</u>
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>	Signature of Physician <u>Geo. W. Todd</u>
	Address <u>Salisbury Md</u>
Accident or Suicide?	



Name

in
Full

CERTIFICATE OF DEATH

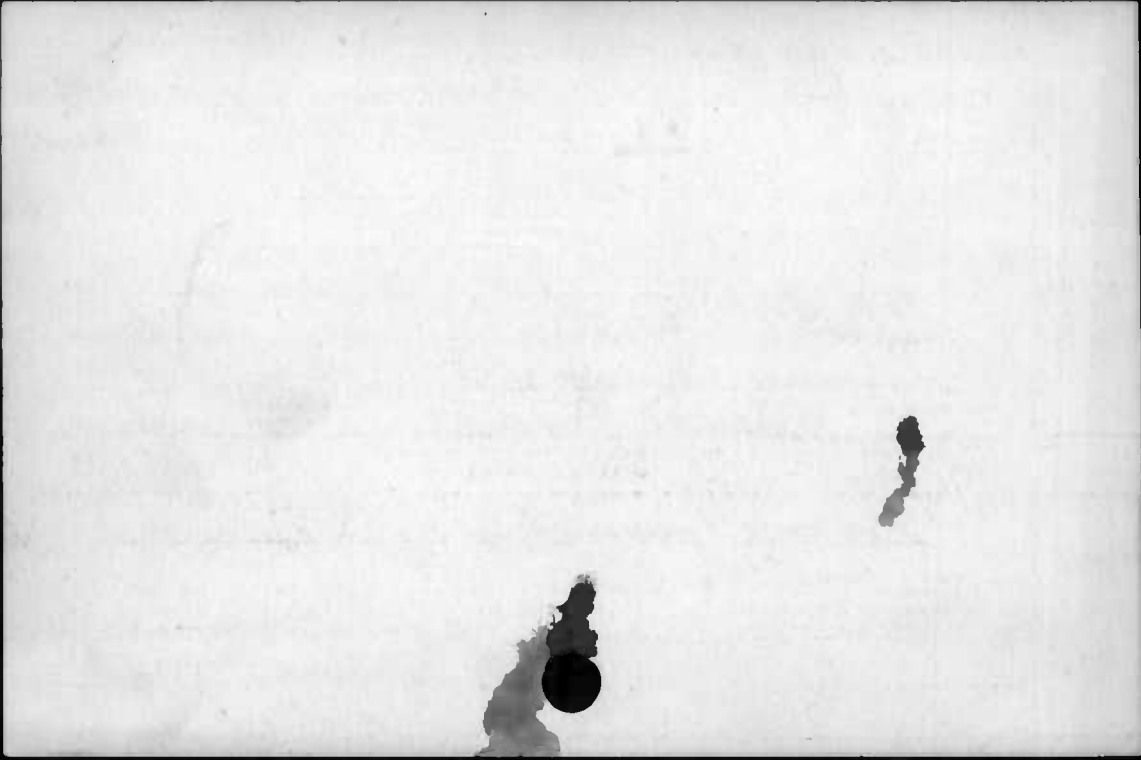
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>near Salisbury</i>		Town <i>Salisbury</i>		County <i>Parsons</i>		State <i>Maryland</i>	
Date of death <i>1906</i>	Month <i>July</i>	Day <i>22</i>	Age <i>6</i>	Years <i>6</i>	Months <i>6</i>	Days <i>hours</i>	
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>near Salisbury Md</i>				
Occupation			Where Residing if not at place of death				
Married, Single or Widowed			Name of Wife or Husband				
Father's Name <i>Stephen H Parsons</i>			Father's Birthplace <i>Md</i>				
Mother's Maiden Name <i>Alvin Brown</i>			Mother's Birthplace				
Name of person giving information <i>Stephen H Parsons</i>			How related to deceased <i>Father</i>				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>do not know</i>	How long	<i>79</i>
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>W B Holloway & Co</i>	
		Address <i>Salisbury Md</i>	
Accident or Suicide?		<i>Amputation</i>	



Name
in
Full

Parley P. Parsons

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Salisbury		County Wicomico		MARYLAND	
Date of death	1906	Month July	Day 7	Age	25	Years	Months 9
Sex Male		Color or Race White		Birth- place Parsonsburg Md.			
Occupation Farmer				Where Residing if not at place of death			
Married, Single or Widowed Married		Name of Wife or Husband Winnie Parsons					
Father's Name Robert G. Parsons				Father's Birthplace Maryland			
Mother's Maiden Name Mary Phippin				Mother's Birthplace "			
Name of person giving information Mary A. Phippin				How related to deceased None			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Phthisis Pulmonalis	How long	27	about 1 year
Immediate	Exhaustion	How long	27	Short time
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician Geo. W. Ford		
		Address Salisbury Md		
Accident or Suicide?				



Name
in
Full

Thomas H Percell

CERTIFICATE OF DEATH

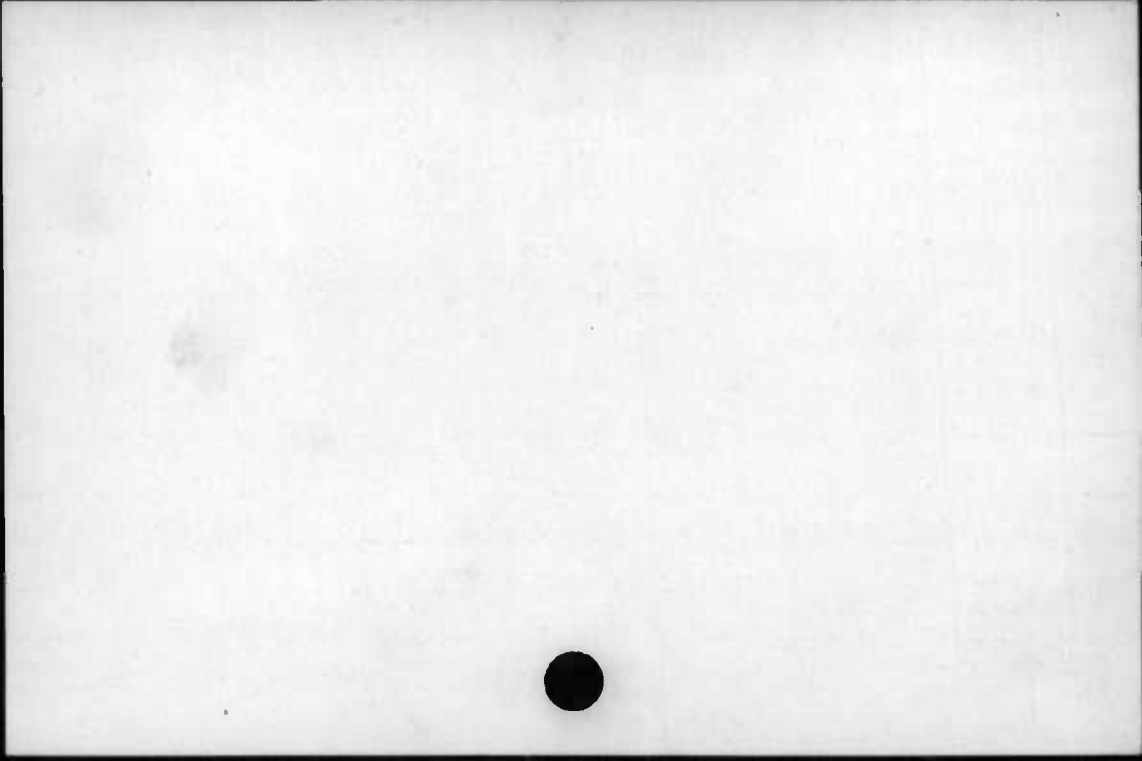
TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Salisbury</u> Town		<u>Wicomico</u> County		MARYLAND	
Date of death	<u>1906</u> Month <u>July</u>	Day <u>18</u>	Age <u>56</u> Years	<u>1</u> Months	Days
Sex <u>male</u>	Color or Race <u>White</u>		Birth-place <u>Md</u>		
Occupation <u>Laborer</u>			Where Residing if not at place of death		
Married, Single or <u>Widowed</u>		Name of Wife or Husband <u>Ella R Percell</u>			
Father's Name <u>Nelson Percell</u>			Father's Birthplace <u>Do not know</u>		
Mother's Maiden Name <u>Do not know</u>			Mother's Birthplace <u>Do not know</u>		
Name of person giving information <u>William H Percell</u>			How related to deceased <u>Son</u>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<u>Cerebral Hemorrhage</u>	How long	<u>10 days</u>
Immediate	<u>Heart failure</u>	How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <u>Louis W. W. W. W.</u>	
		Address <u>Salisbury, Md.</u>	
Accident or Suicide?			



Name
in
Full

Margie A Phillips

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at <u>Sharpstown</u> ^{Town}		<u>Wicomico</u> ^{County}			
Date of death	<u>1906</u>	Month	<u>July</u>	Day	<u>16</u>
		Age	<u>61</u>	Years	
Sex	<u>Female</u>	Color or Race	<u>White</u>	Months	<u>7</u>
Occupation	<u>House wife</u>	Where Residing if not at place of death	<u>Days</u>	<u>19</u>	
Married, Single or Widowed	<u>Married</u>	Name of Wife or Husband	<u>Nancy H Phillips</u>		
Father's Name	<u>William Cooper</u>	Father's Birthplace	<u>Del</u>		
Mother's Maiden Name	<u>Emeline Marvel</u>	Mother's Birthplace	<u>11</u>		
Name of person giving information	<u>Nancy H Phillips</u>	How related to deceased	<u>Husband</u>		

CAUSES OF DEATH

(108)

PHYSICIAN
OR CORONER

Primary	<u>Umbilical Hernia</u>	How long	<u>2 yrs.</u>
Immediate	<u>Strangulation of Bowel</u>	How long	<u>1 week</u>
Are the name, age, sex, color, date and place correctly given above?	<u>yes</u>	Signature of Physician	<u>W. N. Gassaway</u>
		Address	<u>Sharpstown, Md</u>
Accident or Suicide?			



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at *Salisbury* TownCounty *Wicomico*Date
of death *1906*Month *July*Day *28*

Age

Years *52*

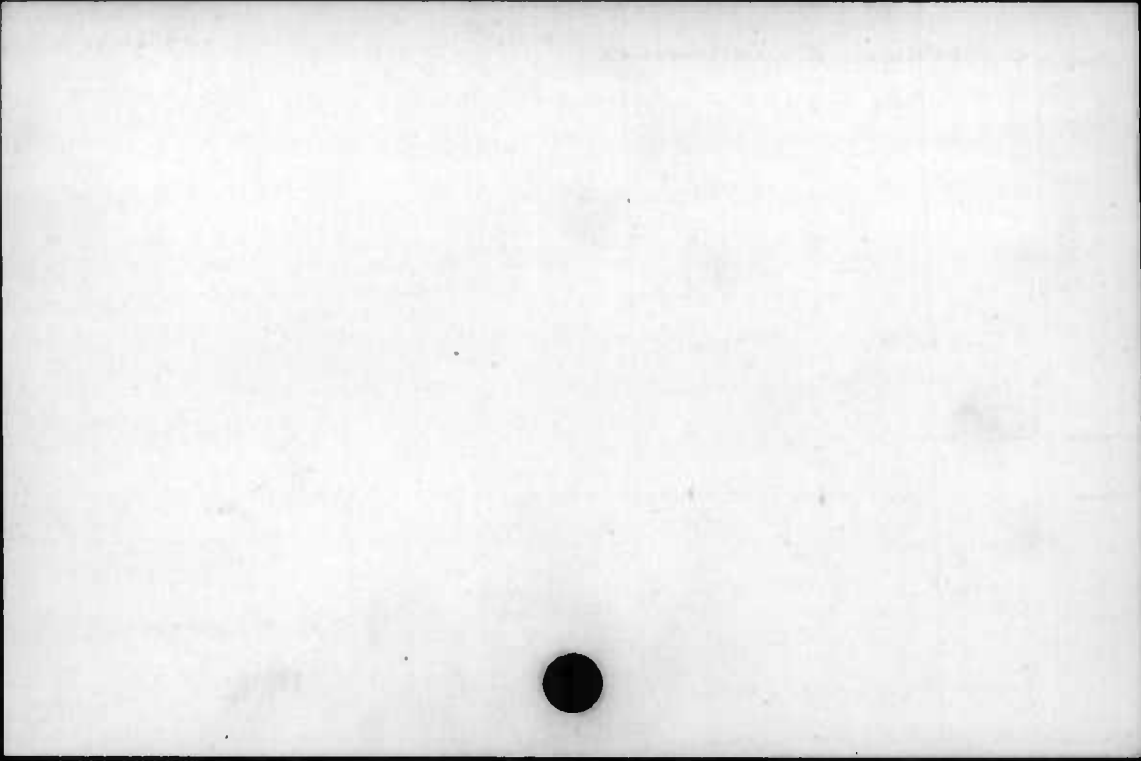
Months

Days

Sex *male*Color or
Race *White*Birth-
place *Md*Occupation *Butcher*Where Residing if not
at place of deathMarried, Single
or WidowedName of Wife or
Husband *Emma Chipp*Father's
Name *John Chipp*Father's
Birthplace *Md*Mother's
Maiden Name *Miranda Truitt*Mother's
Birthplace *Md*Name of person giving
In formation *Zedekiah B Chipp*How related
to deceased *Brother*

CAUSES OF DEATH

Primary *Typical Typhoid Fever*How long *4 1/2 weeks*Immediate *Exhaustion*How long *2 days*Are the name, age, sex, color, date
and place correctly given above? *Yes*Signature of
Physician *Dr. Humphreys*Address *Salisbury, Md.*Accident or Suicide? *No*PHYSICIAN
OR CORONER



Name
in
Full

Morrise B Pryor

CERTIFICATE OF DEATH

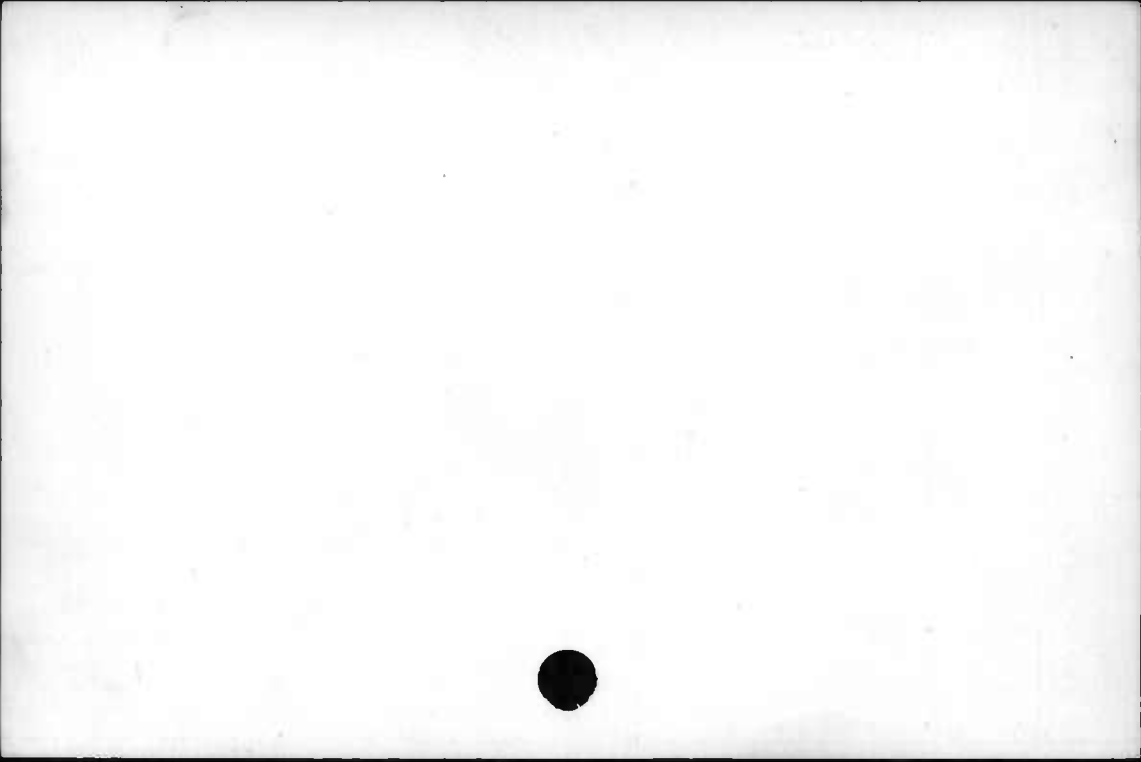
TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Frederick</u> Town		<u>Wicomico</u> County		MARYLAND	
Date of death	1906	Month	July	Day	29
Age		Years	1	Months	4
Sex	male	Color or Race	White	Birth-place	Frederick Md
Occupation			Where Residing if not at place of death		
Married, Single or Widowed			Name of Wife or Husband		
single					
Father's Name			Father's Birthplace		
William Pryor			Md		
Mother's Maiden Name			Mother's Birthplace		
Mattie Crouch			Md		
Name of person giving information			How related to deceased		
Frank Battelle			Not related		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	(8)	How long
Immediate	Whooping Cough	How long
Are the name, age, sex, color, date and place correctly given above?	yes	6 weeks
Signature of Physician		Address
B K Truitt		
Accident or Suicide?		Salisbury Md



Name
In
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		MARYLAND				
Date of death		1906	Month	July	Day	1st	Age	65	Months	Days
Sex		Male		Color or Race		Negro		Birth-place		Maryland
Occupation		Laborer		Where Residing if not at place of death						
Married, Single or Widowed		Married		Name of Wife or Husband		Millie Rock				
Father's Name		Not Known		Father's Birthplace						
Mother's Maiden Name		Not Known		Mother's Birthplace						
Name of person giving information		Geo. W. Fields Cold.		How related to deceased		None				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Unconscious when seen dont know cause	How long	179
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
		Address	
		Satisfactory Md	
Accident or Suicide?			



Name
in
Full

CERTIFICATE OF DEATH

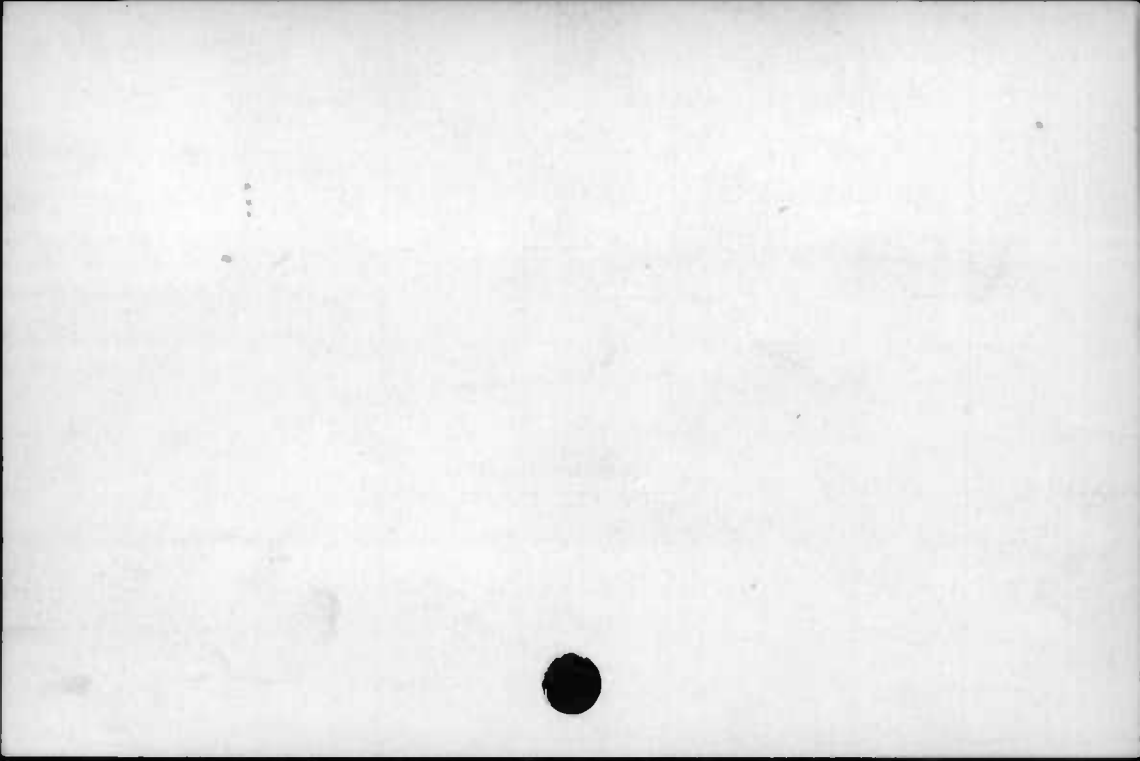
TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>Albert J. Sudler</i>		Town <i>Salisbury</i>		County <i>Micromics</i>		MARYLAND	
Died at <i>Salisbury</i>		Month <i>July</i>		Day <i>4</i>		Years <i>27</i>	
Date of death <i>1906 July 4</i>		Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Farmington, Md</i>	
Occupation <i>Farmer</i>		Where Residing if not at place of death					
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>✓</i>					
Father's Name <i>Albert Sudler</i>		Father's Birthplace <i>Frederick Co, Md</i>					
Mother's Maiden Name <i>Alice R. Mushmann</i>		Mother's Birthplace <i>Adams Co, Pa</i>					
Name of person giving information <i>M. J. Sudler</i>		How related to deceased <i>Brother</i>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Appendicitis</i>	<i>118</i>	How long <i>3 days</i>
Immediate <i>Peritonitis</i>		How long <i>7 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>J. M. Smith</i>	Address <i>Salisbury, Md</i>
Accident or Suicide? <i>no</i>		



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name *Lana Taylor* Town *Salisbury* County *Wicomico* MARYLAND

Died at *Salisbury*

Date of death *1906 July 20* Age *52* Months *5* Days *2*

Sex *Female* Color or Race *White* Birth-place *Ind*

Occupation *Housework* Where Residing if not at place of death

Married, ~~Single~~ *Single* Name of Wife or Husband *James Taylor*

Father's Name *Jonas Adams* Father's Birthplace *Ind*

Mother's Maiden Name *Mary Jenkins* Mother's Birthplace *Ind*

Name of person giving information *W. G. Waller* How related to deceased *Nephew*

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary *Dysentery* How long *2 or 3 weeks*

Immediate *Attack of fever* How long *few days*

Are the name, age, sex, color, date and place correctly given above? ☒

Signature of Physician *F. H. Plummer, M.D.*

Address *Salisbury Md.*

Accident or Suicide? ☐



Name
in
Full

Infant No Name Toddline

CERTIFICATE OF DEATH

Town County
Died at near Salisbury Wicomico
Date of death 1906 July 30 Age 3 Months 3 Days

Sex Female Color or Race White Birth-place Ind
Occupation _____ Where Residing if not at place of death _____

Married, Single or Widowed _____ Name of Wife or Husband _____

Father's Name Alfred P Toddline Father's Birthplace Ind
Mother's Maiden Name Marquette E Brown Mother's Birthplace Ind
Name of person giving information A. M. Brown How related to deceased Uncle

CAUSES OF DEATH

Primary Premature birth (151) How long 7 minutes
Immediate Infection How long 2 days

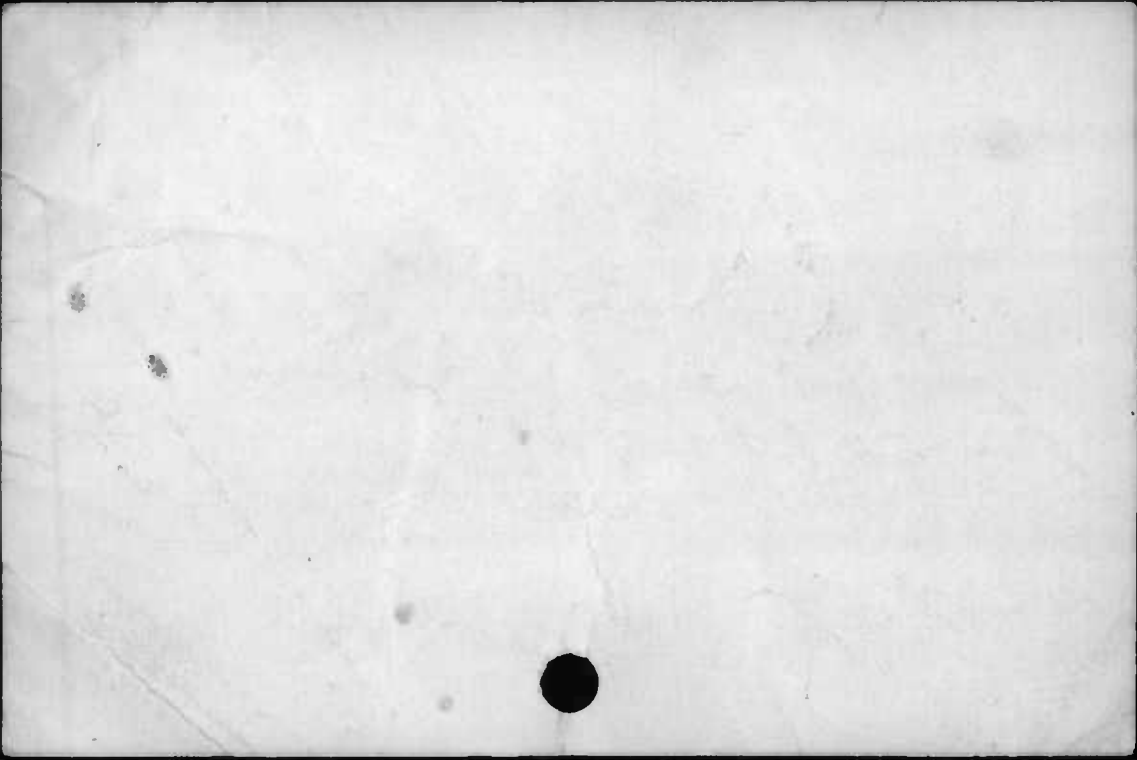
Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician [Signature]

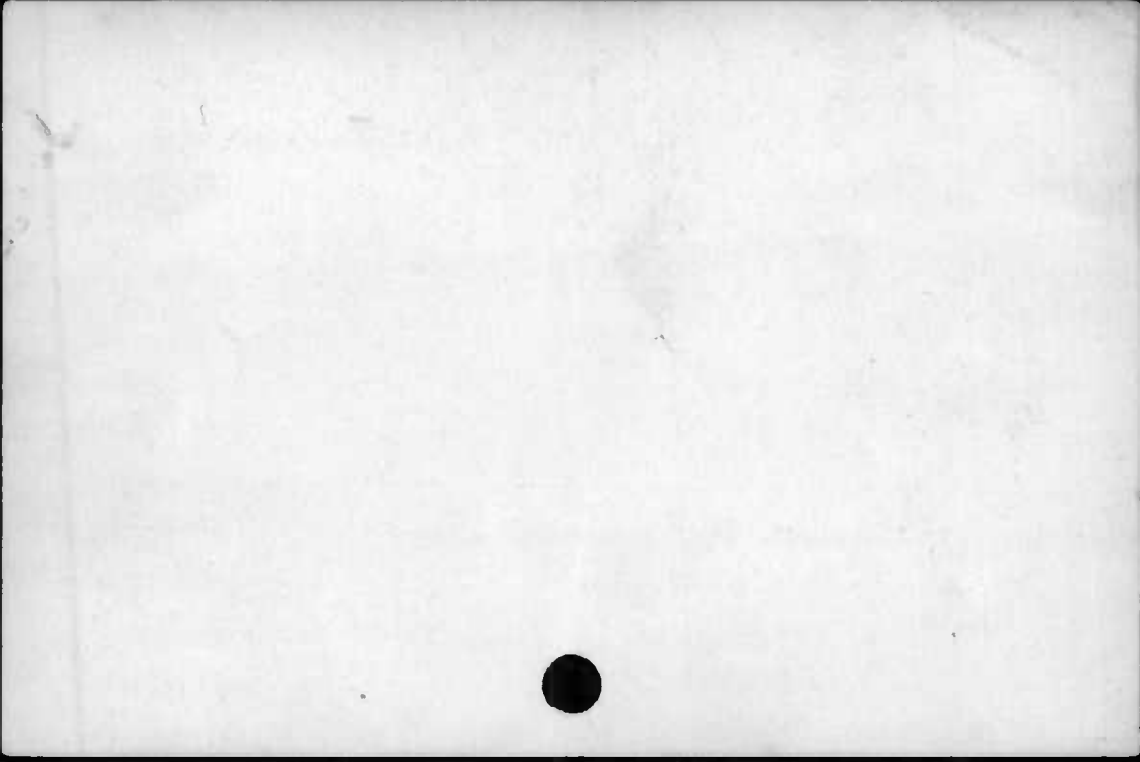
Address Salisbury, Md

Accident or Suicide? no

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name in Full		George E. Townsend				CERTIFICATE OF DEATH			
TO BE ANSWERED BY NEAREST FRIEND		Died at		Town		County			
		Hoboken		New York		MARYLAND			
		Date of death		190	Month	July	Day	21	
		Age		2	Years	2	Months	2	
		Sex		Male	Color or Race		White	Birth-place	Hoboken
		Occupation				Where Residing if not at place of death			
		Married, Single or Widowed		Single		Name of Wife or Husband			
Father's Name		John E. Townsend				Father's Birthplace		New York	
Mother's Maiden Name		Phyllis J. Bradley				Mother's Birthplace		New York	
Name of person giving information		John E. Townsend				How related to deceased		Father	
CAUSES OF DEATH									
PHYSICIAN OR CORONER		Primary		Cholera Infantum		How long	2 weeks		
		Immediate		General debility		How long	1 week		
		Are the name, age, sex, color, date and place correctly given above?		Yes		Signature of Physician		H. C. Connors	
				Address		Hoboken			
		Accident or Suicide?						md.	



Name
in
Full

CERTIFICATE OF DEATH

Mary A. Trader

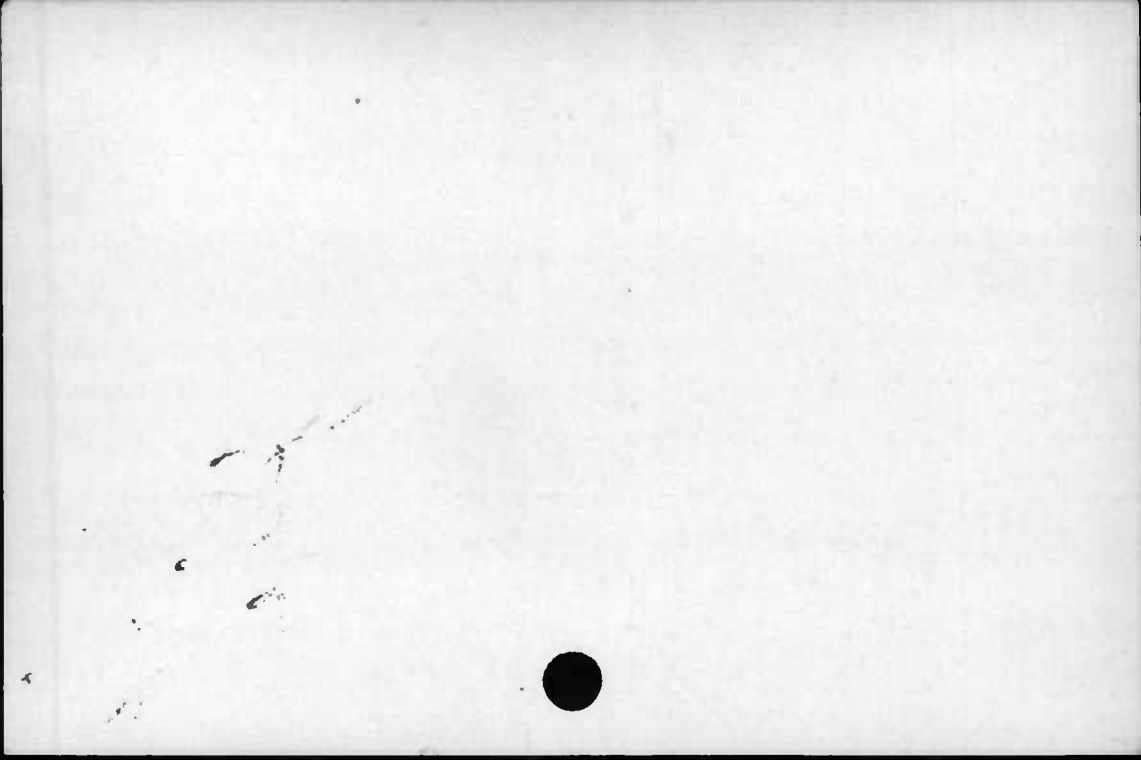
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Salisbury</i> <small>Town</small>		<i>Wicomico</i> <small>County</small>		MARYLAND	
Date of death	<i>1906</i>	Month <i>July</i>	Day <i>26th</i>	Age <i>59</i> <small>Years</small>	Months <i>—</i> Days <i>—</i>
Sex <i>Female</i>	Color or Race <i>White</i>		Birthplace <i>Somerset Co. Md.</i>		
Occupation <i>Housewife</i>	Where Residing if not at place of death <i>Martins Ferry Ohio</i>				
Married, Single <i>Married</i>	Name of Wife or Husband <i>A. P. Trader</i>				
Father's Name <i>Isaac Covington</i>	Father's Birthplace <i>Somerset Co. Md.</i>				
Mother's Maiden Name <i>Eliza Leatherbury</i>	Mother's Birthplace <i>Maryland</i>				
Name of person giving information <i>Mrs. Annie M. Covington</i>	How related to deceased <i>Sister in Law</i>				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Pleurisy Pneumonia</i>	<i>8 days</i>
Immediate	<i>Heart Failure</i>	<i>24 hours</i>
Are the name, age, sex, color, date and place correctly given above?	<i>Yes</i>	
Signature of Physician	<i>E. M. Stevens M.D.</i>	
Address	<i>Salisbury Md.</i>	
Accident or Suicide?		



Name in Full *Charlotte Swiford*

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Wear Sharptown</i> ^{Town}		<i>Wicomico</i> ^{County}		MARYLAND	
Date of death <i>1906</i>	Month <i>July</i>	Day <i>7</i>	Age <i>Years</i>	Months	Days
Sex <i>Female</i>	Color or Race <i>White</i>		Birthplace		
Occupation <i>House wife</i>			Where Residing if not at place of death		
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>Alfred W. Swiford</i>				
Father's Name			Father's Birthplace		
Mother's Maiden Name			Mother's Birthplace		
Name of person giving Information			How related to deceased		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Dysentery</i>	<i>(14)</i>	How long <i>1 week</i>
Immediate <i>Cardiac Weakness</i>		How long <i>1 day</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>W. N. Sassaway</i>	Address <i>Sharptown, Md.</i>
Accident or Suicide?		



Name
in
Full

CERTIFICATE OF DEATH

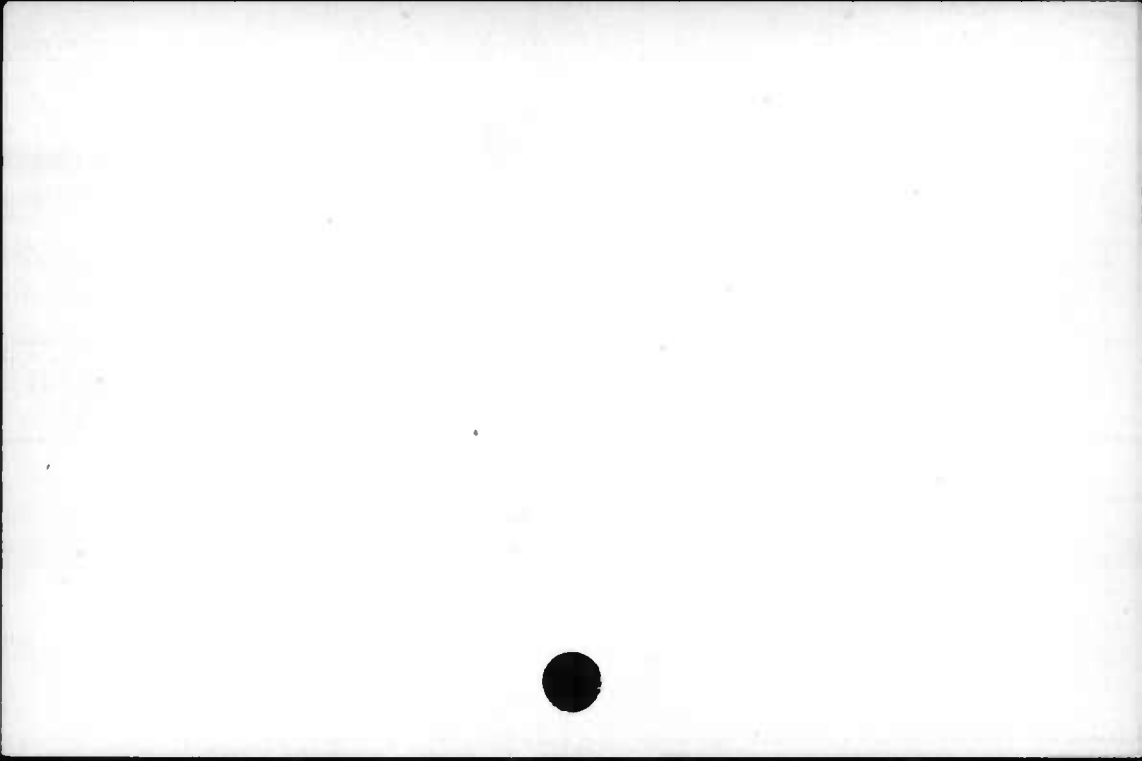
TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>No Name</i>		Town <i>Salisbury</i>		County <i>Torrey</i>		State <i>Wisconsin</i>		MARYLAND	
Died at <i>Salisbury</i>		Month <i>July</i>		Day <i>21st</i>		Years <i>60</i>		Months <i>2</i>	
Date of death <i>1906</i>		Month <i>July</i>		Day <i>21st</i>		Age <i>60</i>		Days <i>6</i>	
Sex <i>Female</i>		Color or Race <i>Black</i>		Birth-place <i>Ind</i>					
Occupation <i>Infant</i>				Where Residing if not at place of death <i>Ind</i>					
Married, Single or Widowed <i>Infant</i>		Name of Wife or Husband <i>No</i>							
Father's Name <i>James Twilley</i>				Father's Birthplace <i>Ind</i>					
Mother's Maiden Name <i>Sarah Nelson</i>				Mother's Birthplace <i>Ind</i>					
Name of person giving information <i>James Twilley</i>				How related to deceased <i>Father</i>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Inanition</i>		How long <i>From Birth</i>	
Immediate <i>Weakness</i>		How long <i>about 1 week</i>	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>Dr. C. H. Smith</i>	
		Address <i>Salisbury</i>	
		<i>Ind</i>	
Accident or Suicide?			



Name
in
Full

CERTIFICATE OF DEATH

Daniel Twilley

Town

County

MARYLAND

Died at

Date

of death 1909

Month

Day

Age

Years

Months

Days

Sex

Color or
RaceBirth-
place

Occupation

Where Residing if not
at place of deathMarried, Single
or WidowedName of Wife or
HusbandFather's
NameFather's
BirthplaceMother's
Maiden NameMother's
BirthplaceName of person giving
In formationHow related
to deceased

CAUSES OF DEATH

Primary

Immediate

Are the name, age, sex, color, date
and place correctly given above?Signature of
Physician

Address

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



100-100

Name
In
Full

Gilbert Underwood

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Near Salisbury		Wicomico		MARYLAND					
Date of death		1906	Month	July	Day	3	Age	Years	Months	10	Days
Sex		Male		Color or Race		Black		Birth-place		Seaford Del.	
Occupation				Where Residing if not at place of death							
Married, Single or Widowed		Single		Name of Wife or Husband							
Father's Name		William Underwood		Father's Birthplace		Virginia					
Mother's Maiden Name		Ella Brittingham		Mother's Birthplace		Maryland					
Name of person giving information		Hm. Underwood		How related to deceased		Father					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Improper diet	How long	about 1 hr
Immediate	Enteric Colitis	How long	about 1 hr
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
		Dr. W. Todd	
		Address	
		Salisbury Md	
Accident or Suicide?			



Name
in
Full

Maggie Priscilla Venable

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

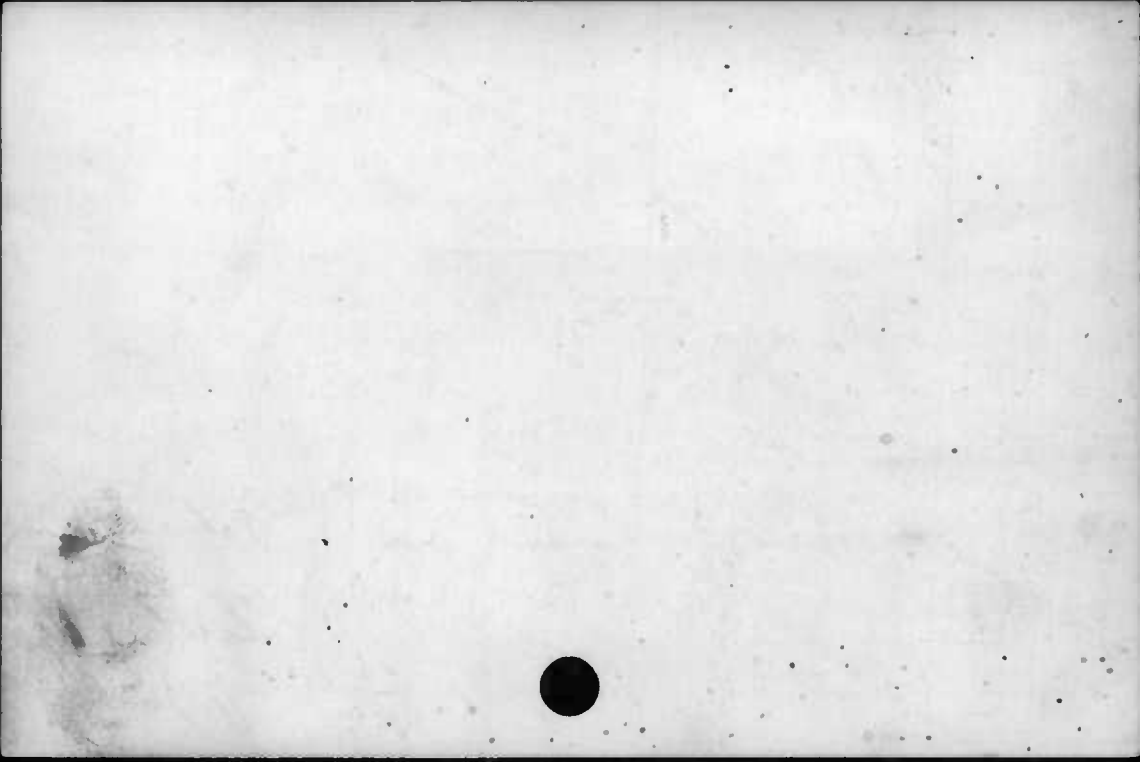
Died at <i>Mardella, Mo.</i>		County <i>Warren</i>		MARYLAND	
Date of death <i>1906</i>	Month <i>July</i>	Day <i>11</i>	Age <i>11</i>	Years <i>11</i>	Months <i>3</i>
Sex <i>Girl</i>	Color or Race <i>White</i>		Birthplace <i>Mardella</i>		
Occupation <i>—</i>			Where Residing if not at place of death <i>—</i>		
Married, Single or Widowed <i>—</i>			Name of Wife or Husband <i>—</i>		
Father's Name <i>Joseph R. Venable</i>			Father's Birthplace <i>Mardella</i>		
Mother's Maiden Name <i>A. May Venable</i>			Mother's Birthplace <i>Quinton</i>		
Name of person giving information <i>Mother</i>			How related to deceased <i>—</i>		

CAUSES OF DEATH

105

PHYSICIAN
OR CORONER

Primary <i>Cholera Infantum</i>	How long <i>5 days</i>
Immediate <i>—</i>	How long <i>—</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>J. M. Eldridge</i>
	Address <i>Mardella, Springfield</i>
Accident or Suicide? <i>—</i>	



Name
in
Full

CERTIFICATE OF DEATH

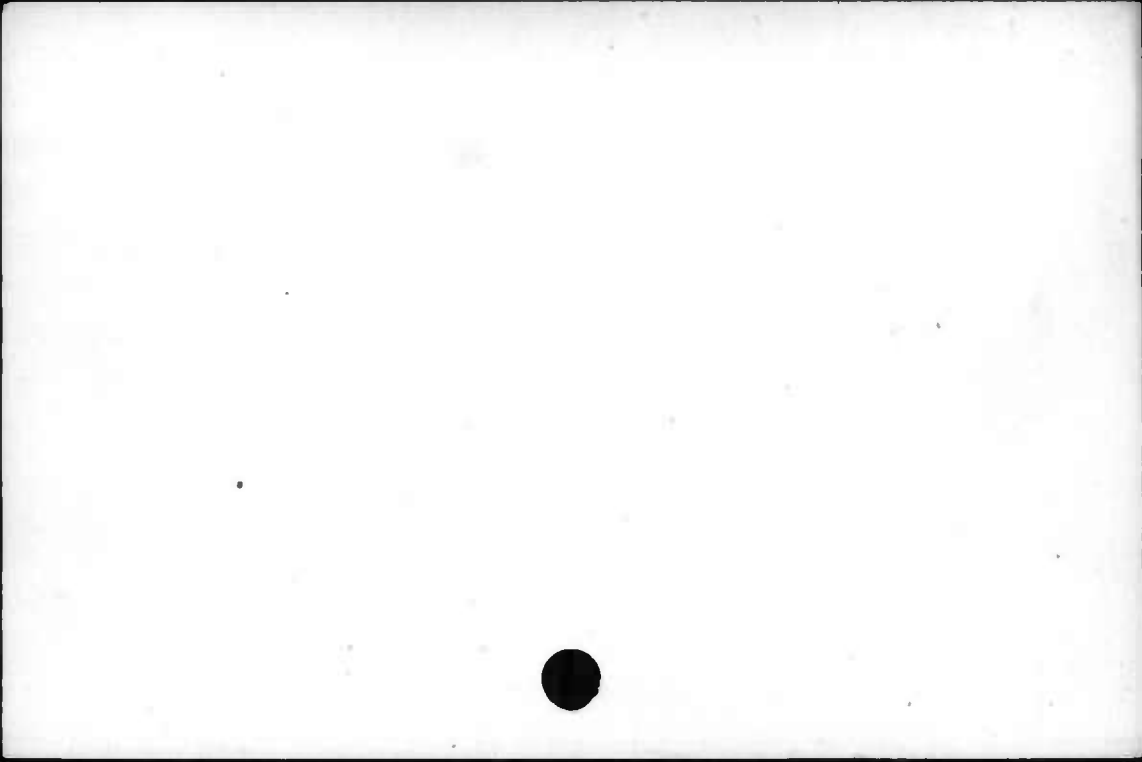
TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>Bernice Walter</i>		Town <i>Silva</i>		County <i>Mcc</i>		MARYLAND	
Died at <i>Silva</i>		Month <i>7</i>		Day <i>26</i>		Age <i>9</i>	
Date of death <i>1906</i>		Month <i>7</i>		Day <i>26</i>		Years <i>9</i>	
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Mcc Co</i>			
Occupation <i></i>		Where Residing if not at place of death <i></i>					
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i></i>					
Father's Name <i>Christopher Walter</i>				Father's Birthplace <i>Hollands Is.</i>			
Mother's Maiden Name <i>Mary Smith</i>				Mother's Birthplace <i>Silva</i>			
Name of person giving information <i>Thomas Smith</i>				How related to deceased <i>Uncle</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Typhoid fever</i>	How long <i>11</i>
Immediate <i></i>	How long <i></i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>J. B. Long</i>
	Address <i>Albany</i>
Accident or Suicide? <i></i>	<i>med</i>



Name
in
Full

Elizabeth Haskburn

CERTIFICATE OF DEATH

Died at *Shad Point* ^{Town} *Wicomico* ^{County} *Maryland*Date of death *1906* ^{Month} *July* ^{Day} *27* ^{Years} *3* ^{Months} *10* ^{Days}Sex *Female* Color or Race *White* Birth-place *Shad Point Md*

Occupation _____ Where Residing if not at place of death _____

Married, Single or Widowed *Single* Name of Wife or Husband _____Father's *Everett Haskburn* Father's Birthplace *Maryland*Mother's *Helen White* Mother's Birthplace *Maryland*Person giving information *Geo. D. Haskburn* How related to deceased *Grand father*

CAUSES OF DEATH

Primary *Bact.-intestinal infection* *10* *6 days*Immediate *Toxemia (complications)* *2 days*Are the name, age, sex, color, date and place correctly given above? *yes -*Signature of Physician *John W. Morris M.D.*Address *Calisbury Md*

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

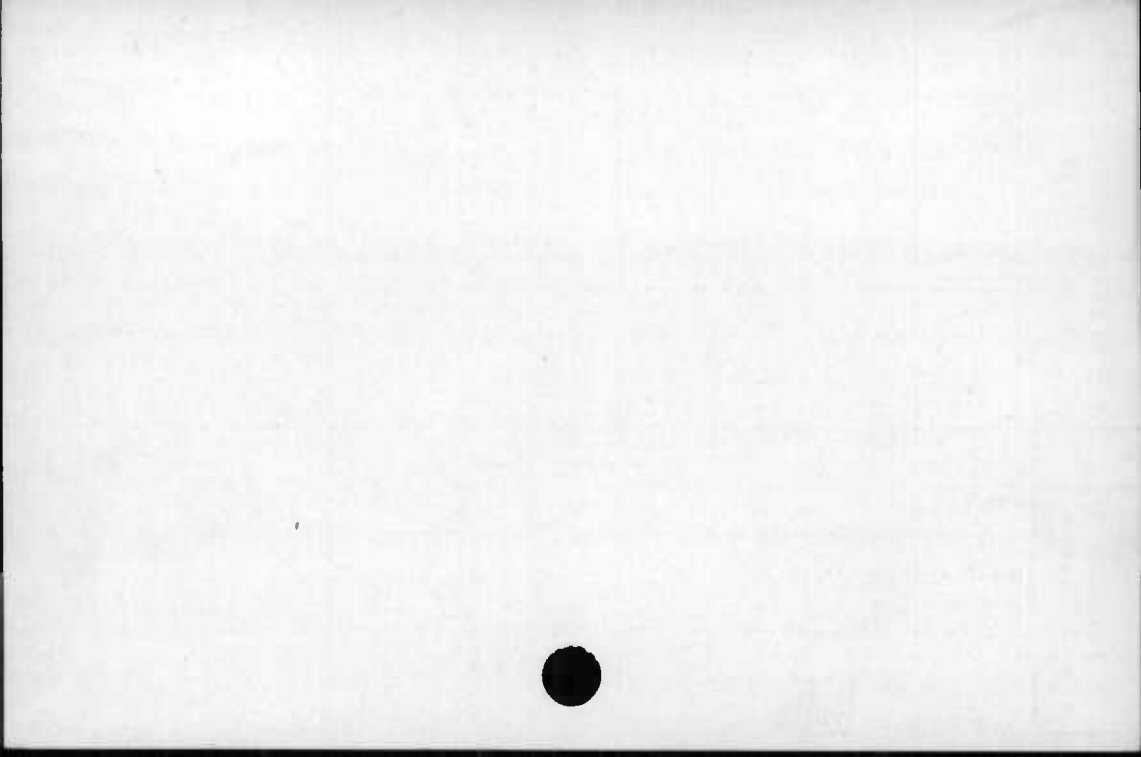
TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>Dewey A. Waters</i>		County <i>Wicomico</i>		MARYLAND	
Died at <i>Salisbury</i>		Month <i>July</i>		Day <i>11th</i>	
Date of death <i>1906</i>		Age <i>3</i>		Months <i>3</i>	
Sex <i>Male</i>		Color or Race <i>Black</i>		Birth-place <i>Salisbury</i>	
Occupation <i>_____</i>		Where Residing if not at place of death <i>_____</i>			
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>_____</i>			
Father's Name <i>Isaac H. Waters</i>		Father's Birthplace <i>Somerset Co. Md.</i>			
Mother's Maiden Name <i>Mary Elzey</i>		Mother's Birthplace <i>" " "</i>			
Name of person giving information <i>Isaac H. Waters</i>		How related to deceased <i>Father</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Dysentery</i>	How long <i>2 weeks</i>
Immediate <i>Exhaustion & Dysentery</i>	How long <i>3 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Gandling Spring Md</i>
	Address <i>Salisbury Md</i>
Accident or Suicide? <i>No</i>	



Name
in
Full

CERTIFICATE OF DEATH

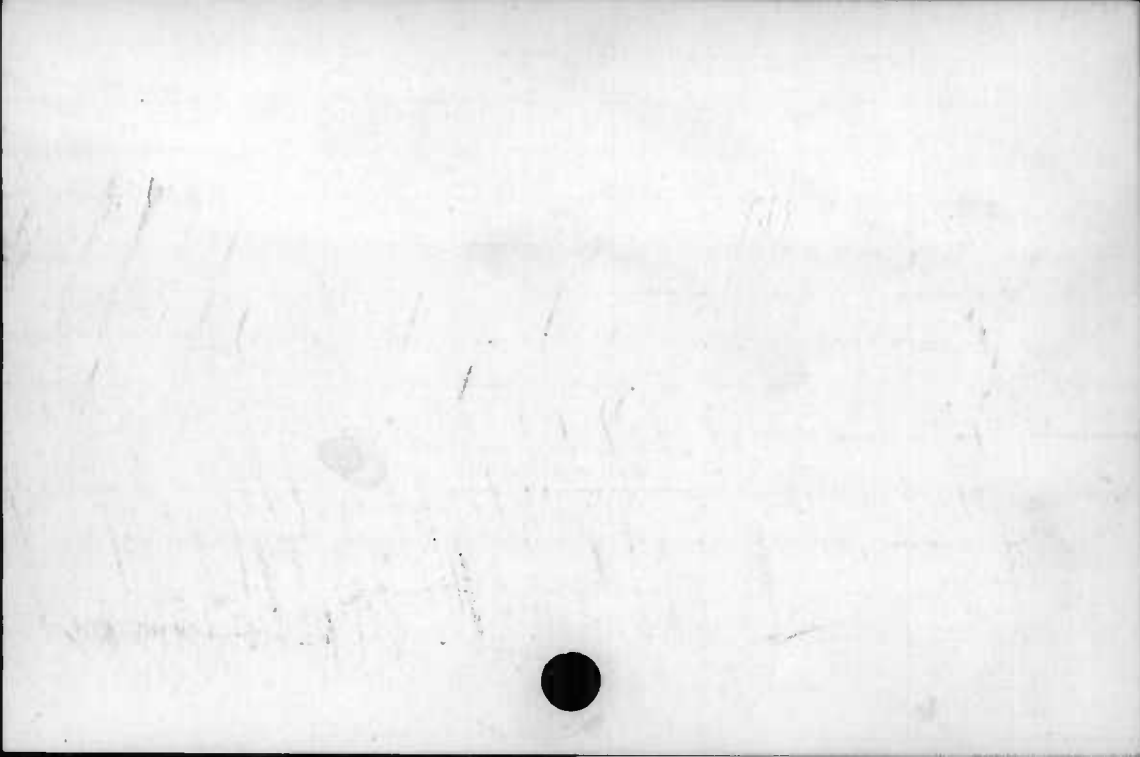
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Salisbury		County Wicomico		MARYLAND	
Date of death	190	Month 6	Day July	Age 25	Years 5	Months	Days
Sex Female	Color or Race White			Birth- place Ind			
Occupation Housework				Where Residing if not at place of death			
Married, Single or Widowed		Name of Wife or Husband Stansbury White					
Father's Name Lepus Baker		Father's Birthplace Ind					
Mother's Maiden Name Don't know		Mother's Birthplace					
Name of person giving In formation		Stansbury White				How related to deceased Husband	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Bright's Disease	How long	120 minutes
Immediate	Uræmia	How long	7 hours
Are the name, age, sex, color, date and place correctly given above?		Yes	
Signature of Physician		M. E. Davis	
Address		Salisbury, Md	
Accident or Suicide?		no	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Baltimore</i>		Town <i>Towson</i>		County <i>Towson</i>		MARYLAND	
Date of death	190	6	July	13	Age	17	
Sex	Male		Color or Race	White		Birthplace	<i>Chapelton, Md</i>
Occupation	<i>Clark</i>		Where Residing if not at place of death		<i>Chapelton, Md</i>		
Married, Single or Widowed	Single		Name of Wife or Husband		—		
Father's Name	<i>Curis Windsor</i>					Father's Birthplace	<i>Chapelton</i>
Mother's Maiden Name	<i>Nancy Calloway</i>					Mother's Birthplace	"
Name of person giving information	<i>Rev. Groves</i>					How related to deceased	<i>brother in law</i>

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Influenza complicated with</i>	How long	
Immediate	<i>apprehensions</i>	How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	<i>J. L. Townsend</i>
Yes		Address	<i>Towson City, Md</i>
Accident or Suicide?			
No			

Edwards

Name

in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Infant no name		Woods		County		MARYLAND	
Died at Salisbury		Town		Wicomico		County	
Date of death 1906		Month July		Day 27		Age Years Months 3 Days	
Sex male		Color or Race Black		Birth-place Md			
Occupation		Where Residing if not at place of death					
Married, Single or Widowed		Name of Wife or Husband					
Father's Name George H Wooden		Father's Birthplace Del					
Mother's Maiden Name Mary Bell		Mother's Birthplace Md					
Name of person giving information George H Wooden		How related to deceased Father					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary Premature birth		How long	
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician C R Fennick	
		Address Salisbury Md	
Accident or Suicide?			



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at <i>Near</i> ^{Town} <i>Marble</i> ^{County} <i>Wicomico</i>			
Date of death <i>1906</i> ^{Month} <i>July</i> ^{Day} <i>1</i> ^{Years} <i>84</i>	^{Months} <i>—</i> ^{Days} <i>—</i>		
Sex <i>Male</i>	Color or Race <i>White</i>	Birth-place <i>—</i>	
Occupation <i>Farmer</i>	Where Residing if not at place of death <i>—</i>		
Married, Single or Widowed <i>Single</i>	Name of Wife or Husband <i>—</i>		
Father's Name <i>—</i>	Father's Birthplace <i>—</i>		
Mother's Maiden Name <i>—</i>	Mother's Birthplace <i>—</i>		
Name of person giving information <i>Lucy Wright</i>	How related to deceased <i>Grand child</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Enlarged Prostate</i>	How long <i>4 months</i>
Immediate <i>Cystitis of Bladder</i>	How long <i>2 weeks</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>W. W. Gossaway</i>
	Address <i>Shawflin Md</i>
Accident or Suicide?	

